

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003277**

1. Entity Name

MCKESSONHBOC INFORMATION TECHNOLOGY BUSINESS, IN**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90070 023 ***150.00

Principal Place of Business

Mailing Address

**5995 WINDWARD PARKWAY
ALPHARETTA GA 30005****5995 WINDWARD PARKWAY
ALPHARETTA GA 30005-4184**

00013678



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **37-0986839**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPCE** ☒ Delete
NAME **BERGONZI, ALBERT J**
STREET ADDRESS **5995 WINDWARD PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA 30005**TITLE **President and Director** ☒ Change ☐ Addition
NAME **Graham D. King**
STREET ADDRESS **5995 Windward Parkway**
CITY-ST-ZIP **Alpharetta, GA 30005**TITLE **AS** ☒ Delete
NAME **LAPINE, JAY M**
STREET ADDRESS **5995 WINDWARD PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA 30005**TITLE **Sr VP and CFO** ☒ Change ☐ Addition
NAME **Craig Niemiec**
STREET ADDRESS **5995 Windward Parkway**
CITY-ST-ZIP **Alpharetta, GA 30005**TITLE **D** ☒ Delete
NAME **MCCALL, CHARLES W**
STREET ADDRESS **5995 WINDWARD PARKWAY**
CITY-ST-ZIP **ALPHARETTA GA 30005**TITLE **D** ☒ Change ☐ Addition
NAME **John H. Hammergren**
STREET ADDRESS **5995 Windward Parkway**
CITY-ST-ZIP **Alpharetta, GA 30005**TITLE **D** ☒ Delete
NAME **PULIDO, MARK A**
STREET ADDRESS **ONE POST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**TITLE **D** ☒ Change ☐ Addition
NAME **David Mahoney**
STREET ADDRESS **5995 Windward Parkway**
CITY-ST-ZIP **Alpharetta GA 30005**TITLE **D** ☐ Delete
NAME **VEACO, KRISTINA**
STREET ADDRESS **ONE POST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**TITLE **D** ☐ Change ☐ Addition
NAME **Myerson, Ivan D**
STREET ADDRESS **ONE POST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**TITLE **D** ☐ Delete
NAME **MYERSON, IVAN D**
STREET ADDRESS **ONE POST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**TITLE **D** ☐ Change ☐ Addition
NAME **Myerson, Ivan D**
STREET ADDRESS **ONE POST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Craig Niemiec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

404-338-6000
Daytime Phone #