2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# M02000000833

Entity Name: MCKESSON SPECIALTY PHARMACEUTICALS LLC

Current Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 941045296

New Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 941045296 US

Current Mailing Address:

ONE POST STREET
ATTN: GLENETTE E. BABB
SAN FRANCISCO, CA 941045296

New Mailing Address:

ONE POST STREET
ATTN: GLENETTE E. BABB - 33RD FLOOR
SAN FRANCISCO, CA 941045296 US

FEI Number: 01-0555467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

Title: MGR ( ) Delete
Name: PFAU, MARGARET M
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

Title: MGR ( ) Delete
Name: VEACO, KRISTINA
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: JULIAN, PAUL C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 941045296

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KRISTINA VEACO MGR 04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date