

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000833

FILED
Apr 28, 2010
Secretary of State

Entity Name: MCKESSON SPECIALTY PHARMACEUTICALS LLC

Current Principal Place of Business:

104 WILMOT ROAD
DEERFIELD, IL 60015 US

New Principal Place of Business:

300 WILMOT ROAD MS #3301
DEERFIELD, IL 60015 US

Current Mailing Address:

C/O TAX DEPT, MS #1435
104 WILMOT ROAD
DEERFIELD, IL 60015 US

New Mailing Address:

300 WILMOT ROAD MS #3301
DEERFIELD, IL 60015 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
SUITE 105
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/MANAGERS:

Title: MGR
Name: BLAYLOCK, STANLEY B
Address: 1411 LAKE COOK ROAD, 4N
City-St-Zip: DEERFIELD, IL 60015

Title: VP
Name: MASTRAPA, PAUL
Address: 485 HALF DAY ROAD SUITE 300
City-St-Zip: BUFFALO GROVE, IL 60089

Title: VP
Name: SILVERMAN, ROBERT M
Address: 104 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: VP
Name: NAMETH, MICHAEL
Address: 500 NOBLESTOWN ROAD, STE 200
City-St-Zip: CARNEGIE, PA 15106

Title: AT
Name: FELISH, MICHAEL
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: VP
Name: MANN, JOHN A
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

I hereby 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: MICHAEL FELISH

AT

04/28/2010

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