

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001335

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** MCKESSON INFORMATION SOLUTIONS LLC

**Current Principal Place of Business:**

5995 WINDWARD PARKWAY  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

ONE POST STREET, 35TH FLOOR  
ATTN: MELISSA WU  
SAN FRANCISCO, CA 94104

**New Mailing Address:**

ONE POST STREET, 35TH FLOOR  
ATTN: KAREN PINEDA  
SAN FRANCISCO, CA 94104

**FEI Number:** 20-8451335      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC  
1201 HAYS ST  
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: MGRM ( ) Delete  
Name: MCKESSON CORPORATION  
Address: ONE POST ST  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VS ( ) Delete  
Name: BOGAN, WILLIE C  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: AS ( ) Change (X) Addition  
Name: PINEDA, KAREN  
Address: ONE POST ST., 35TH FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS ( ) Change (X) Addition  
Name: WU, MELISSA  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS ( ) Change (X) Addition  
Name: SHUFORD, ANNE J  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VPT ( ) Change (X) Addition  
Name: LOIACONO, NICHOLAS  
Address: ONE POST ST.  
City-St-Zip: SAN FRANCISCO, CA 94104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KAREN M. PINEDA

AS

05/01/2009

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