

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90201 043 \*\*\*\*50.00

**DOCUMENT # M06000005490**

1. Entity Name  
**SCHRAFT'S, A WALGREENS SPECIALTY PHARMACY, LLC**



Principal Place of Business  
**104 WILMOT ROAD, MS#1425  
DEERFIELD, IL 60015**

Mailing Address  
**104 WILMOT ROAD, MS#1425  
DEERFIELD, IL 60015**

2. Principal Place of Business - No P.O. Box #  
**104 WILMOT ROAD, MS #1435**

3. Mailing Address  
**104 WILMOT ROAD, MS #1435**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State  
**DEERFIELD, IL**

City & State  
**DEERFIELD, IL**

4. FEI Number  
**20-3497976**

Applied For  
Not Applicable

Zip  
**60015**

Country

Zip  
**60015**

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WALGREEN CO.  
200 WILMOT ROAD  
DEERFIELD, IL 60015** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Margarita E. Kellen* **MARGARITA E. KELLEN, ASSISTANT SECRETARY**  
**WALGREEN CO. (SINGLE MEMBER)** **1/10/07 847-914-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# ATTACHMENT

600/3232

#M06000005490

Schraft's, A Walgreens Specialty Pharmacy, LLC

## List of Officers

<u>Name</u>	<u>Title</u>	<u>Residence Address</u>
G. D. Wasson	President	1417 Lake Cook Road Deerfield, IL 60015
R. Zimmerman	Vice President & Treasurer	1417 Lake Cook Road Deerfield, IL 60015
R. Weinert	Vice President	1411 Lake Cook Road Deerfield, IL 60015
J. W. Gleeson	Vice President	200 Wilmot Road Deerfield, IL 60015
A. M. Resnick	Vice President & Secretary	104 Wilmot Road Deerfield, IL 60015
M. E. Kellen	Assistant Treasurer	104 Wilmot Road Deerfield, IL 60015