

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003794

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** MCKESSON PHARMACY SYSTEMS LLC

**Current Principal Place of Business:**

30881 SCHOOLCRAFT ROAD  
LIVONIA, MI 48150

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-2953669

**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/MANAGERS:**

Title: MGR  
Name: MCKESSON CORPORATION  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VPS  
Name: BOGAN, WILLIE  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VPT  
Name: LOIACONO, NICHOLAS  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS  
Name: PINEDA, KAREN  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS  
Name: WU, MELISSA  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS  
Name: SHUFORD, ANNE  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

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: KAREN M. PINEDA

AS

03/08/2011

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