

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005218

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** WALGREEN PHARMACY SERVICES MIDWEST, LLC

**Current Principal Place of Business:**

104 WILMOT ROAD  
DEERFIELD, IL 60015

**New Principal Place of Business:**

200 WILMOT ROAD  
DEERFIELD, IL 60015

**Current Mailing Address:**

302 WILMOT ROAD MS#3301  
DEERFIELD, IL 60015

**New Mailing Address:**

300 WILMOT ROAD MS#3301  
DEERFIELD, IL 60015

FEI Number: 26-1447918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: BOND DRUG COMPANY OF ILLINOIS, LLC  
Address: 104 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: MGRM  
Name: WALGREEN LOUISIANA CO., INC.  
Address: 104 WILMOT ROAD  
City-St-Zip: DEERFIELD, IL 60015

Title: MGRM  
Name: HAPPY HARRY'S INC.  
Address: 104 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: JOHN A. MANN

VP

04/11/2012

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