

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000153

FILED  
Apr 12, 2004  
Secretary of State

**Entity Name:** MCKESSON MEDICATION MANAGEMENT LLC

**Current Principal Place of Business:**

7115 NORTHLAND TERRACE  
SUITE 500  
BROOKLYN PARK, MN 55428

**New Principal Place of Business:**

**Current Mailing Address:**

7115 NORTHLAND TERRACE  
SUITE 500  
BROOKLYN PARK, MN 55428

**New Mailing Address:**

**FEI Number:** 41-1843164

**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/MEMBERS:**

Title: MGR ( ) Delete  
Name: ZEIDNER, LEWIS P  
Address: 7115 NORTHLAND TERRACE SUITE 500  
City-St-Zip: BROOKLYN PARK, MN 55428

Title: MGR ( ) Delete  
Name: HAMMERGREN, JOHN H  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

Title: MGR ( ) Delete  
Name: VEACO, KRISTINA  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAENGER, ELEONORE M  
Address: 7115 NORTHLAND TERRACE SUITE 500  
City-St-Zip: BROOKLYN PARK, MN 55428

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELEONORE M. SAENGER

MGR

04/12/2004

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