2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003
Secretary of State

DOCUMENT# P01901

Entity Name: MCKESSON MEDICAL-SURGICAL MEDIMART INC.

Current Principal Place of Business:

8121 10TH AVE. N.
GOLDEN VALLEY, MN 55427

New Principal Place of Business:

Current Mailing Address:

ONE POST STREET
#2950
SAN FRANCISCO, CA 94104

New Mailing Address:

ONE POST STREET
#3400
SAN FRANCISCO, CA 94104

FEI Number: 41-1240386 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDC	( ) Delete
Name:	KEELER, GARY H	
Address:	8121 10TH AVE N.	
City-St-Zip:	GOLDEN VALLEY, MN 55427	
Title:	AS	( ) Delete
Name:	KATZER, ANDREW G	
Address:	ONE POST STREET	
City-St-Zip:	SAN FRANCISCO, CA 94104	
Title:	V	( ) Delete
Name:	BESKE, GAIL	
Address:	8121 10TH AVE N	
City-St-Zip:	GOLDEN VALLEY, MN	
Title:	DT	( ) Delete
Name:	LOIACONO, NICHOLAS A	
Address:	ONE POST ST.	
City-St-Zip:	SAN FRANCISCO, CA 94104	
Title:	DS	( ) Delete
Name:	VEACO, KRISTINA	
Address:	ONE POST ST.	
City-St-Zip:	SAN FRANCISCO, CA 94104	
Title:	D	( ) Delete
Name:	HIMES, BRETT S	
Address:	ONE POST STREET	
City-St-Zip:	SAN FRANCISCO, CA 94104	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PCEO	(X) Change ( ) Addition
Name:	MURATORE, CAROL	
Address:	8741 LANDMARK ROAD	
City-St-Zip:	RICHMOND, VA 23228	
Title:	AS	(X) Change ( ) Addition
Name:	BABB, GLENETTE E	
Address:	ONE POST STREET	
City-St-Zip:	SAN FRANCISCO, CA 94104	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MUENSTERMAN, GARY W	
Address:	ONE POST STREET	
City-St-Zip:	SAN FRANCISCO, CA 94104	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENETTE E. BABB AS 01/06/2003

Electronic Signature of Signing Officer or Director — Date