

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01902

FILED
May 04, 2009
Secretary of State

Entity Name: MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC.

Current Principal Place of Business:

8121 10TH AVE. NORTH
GOLDEN VALLEY, MN 55427 US

New Principal Place of Business:

Current Mailing Address:

ONE POST STREET, 35TH FLOOR
ATTN: MELISSA WU
SAN FRANCISCO, CA 94104 US

New Mailing Address:

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

FEI Number: 41-1261653

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
SUITE 105
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEELER, GARY H
Address: 8121 10TH AVENUE NORTH
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: DCEO () Delete
Name: TYLER, BRIAN S
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

Title: P () Delete
Name: BROWNE, FRED J
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228

Title: VTD () Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST ST
City-St-Zip: SAN FRANCISCO, CA 94104

Title: VSD () Delete
Name: BOGAN, WILLIE C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: AS (X) Change () Addition
Name: PINEDA, KAREN
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 exemption stated in Chapter 119, 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: KAREN M. PINEDA

AS

05/04/2009

Electronic Signature of Signing Officer or Director

Date