

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38816

1. Entity Name

WALGREENS HEALTHCARE PLUS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 031 ***150.00

Principal Place of Business

Mailing Address

300 WILMOT ROAD
DEERFIELD IL 60015
US

300 WILMOT ROAD
DEERFIELD IL 60015-4614
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3796738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS HALASKA, ROBERT
CITY-ST-ZIP 20742 W. LEXINGTON
KILDEER IL 60047 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS RESNICK, ALLAN M.
CITY-ST-ZIP 1822 SMITH RD.
NORTHBROOK IL 60062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS BERNAUER, D. W
CITY-ST-ZIP 4 COVENTRY
LINCOLNSHIRE IL 60069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS KING, E.H.
CITY-ST-ZIP 350 TAYLOR CT.
DEERFIELD IL 60015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME T
STREET ADDRESS KELLEN, M.E.
CITY-ST-ZIP 300 WILMOT RD
DEERFIELD IL 60015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME AS
STREET ADDRESS SILVERMAN, ROBERT
CITY-ST-ZIP 1400 KINGSPORT COURT
NORTHBROOK IL 60062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Kellen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

m.E. Kellen, Treasurer 4/20/00

Date

Daytime Phone #

CR2E034 (9/99)