


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 002 ***150.00

DOCUMENT # P38816 1. Entity Name WALGREENS MAIL SERVICE, INC.					
Principal Place of Business 300 WILMOT ROAD DEERFIELD, IL 60015 US			Mailing Address 300 WILMOT ROAD DEERFIELD, IL 60015 US		
2. Principal Place of Business 1417 LAKE COOK ROAD		3. Mailing Address 104 WILMOT ROAD, MS #1435			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. ATTN: TAX DEPARTMENT			
City & State DEERFIELD, IL		City & State DEERFIELD, IL		4. FEI Number 36-3796738	
Zip 60015		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSON, GREGORY 1417 LAKE COOK ROAD DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RESNICK, ALLAN M. 200 WILMONT RD. DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REIN, JEFFREY A 200 WILMONT RD. DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, E.H. 200 WILMONT RD. DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEN, M.E. 300 WILMOT RD DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SILVERMAN, ROBERT 200 WILOMT RD. DEERFIELD, IL 60015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
104 WILMOT ROAD DEERFIELD, IL 60015		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
200 WILMOT ROAD DEERFIELD, IL 60015		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
104 WILMOT ROAD DEERFIELD, IL 60015		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
104 WILMOT ROAD DEERFIELD, IL 60015		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
200 WILMOT ROAD DEERFIELD, IL 60015		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margarita Kellen</i> MARGARITA E. KELLEN, TREASURER 04/20/05 847-315-4410					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					