

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 JUN 25 PM 3:53

**DOCUMENT # P98000077058**

1. Corporation Name  
**SOUTHEAST MERGER CORP.**

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
ATTN: LEGAL DEPARTMENT ONE POST STREET SAN FRANCISCO CA 94104  
ATTN: LEGAL DEPARTMENT ONE POST STREET SAN FRANCISCO CA 94104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 27 Attn: Glenette E. Babb Suite, Apt. #, etc. One Post St., 29th Fl. City & State San Francisco, CA Zip 94104 Country U.S.A.	2a. Mailing Address 28 Attn: Glenette E. Babb Suite, Apt. #, etc. One Post St., 29th Fl. City & State San Francisco, CA Zip 94104 Country U.S.A.	3. Date Incorporated or Qualified 09/04/1998	4. FEI Number 94-3308962 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Suite 105 Tallahassee, FL 32301	9. Name and Address of New Registered Agent [Blank]
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HAWKINS, RICHARD H C/O MCKESSON CORPORATION, ONE POST ST. SAN FRANCISCO CA 94104	1.1 TITLE PD	Hawkins, Richard H. c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104
TITLE D	MEYERSON, IVAN D C/O MCKESSON CORPORATION, ONE POST ST. SAN FRANCISCO CA 94104	2.1 TITLE D	Meyerson, Ivan D. c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104
TITLE D	MILLER, NANCY A C/O MCKESSON CORPORATION, ONE POST ST. SAN FRANCISCO CA 94104	3.1 TITLE VSD	Kristina Veaco c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104
TITLE VT	Nicholas A. Loiacono c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104	4.1 TITLE VT	Nicholas A. Loiacono c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104
TITLE AS	Glenette E. Babb c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104	5.1 TITLE AS	Glenette E. Babb c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104
TITLE AT	Lincoln K. Walworth c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104	6.1 TITLE AT	Lincoln K. Walworth c/o McKesson HBOC, Inc., One Post St. San Francisco, CA 94104

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address with all other like empowered.

SIGNATURE: Glenette E. Babb Secretary 4-14-99 (415) 983-8331  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CCE0204 (11/98)