

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002887

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**3994556542CC**

**Entity Name:** WALGREEN NATIONAL CORPORATION

**Current Principal Place of Business:**

300 WILMOT ROAD  
DEERFIELD, IL 60015

**Current Mailing Address:**

300 WILMOT ROAD  
DEERFIELD, IL 60015 US

**FEI Number: 36-4329963**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            ASHWORTH, RICHARD  
Address        108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title            VICE PRESIDENT  
Name            SAYLOR, JOHN  
Address        108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title            TREASURER/DIRECTOR  
Name            HECKMAN, TODD  
Address        108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title            DIRECTOR  
Name            GOURLAY, ALEXANDER W.  
Address        108 WILMOT ROAD  
City-State-Zip: DEERFIELD IL 60015

Title            SECRETARY  
Name            JR. AMSBARY, JOHN B  
Address        108 WILMOT RD  
City-State-Zip: DEERFIELD IL 60015

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN SAYLOR**

**VICE PRESIDENT**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date