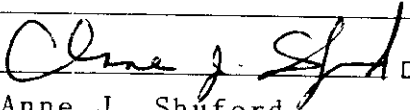


No. W 23959	Due no later than April 30, 2004		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form														
	1. Mailing Address. Correct in this box, if applicable. McKESSON HEALTH SOLUTIONS HOLDINGS ONE POST STREET SAN FRANCISCO, CA 94104		THE PRENTICE HALL CORPORATI 1401 SHORELINE DR STE 2 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>McKesson Information Solutions LLC</td> <td>One Post Street, San Francisco, CA</td> <td>94104</td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	McKesson Information Solutions LLC	One Post Street, San Francisco, CA	94104		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member	McKesson Information Solutions LLC	One Post Street, San Francisco, CA	94104												
5. Organized Under the Laws of: DELAWARE W 23959	6. Signature  Date <u>3/24/04</u> Name (Typed or Printed) <u>Anne J. Shuford</u> Title <u>Assistant Secretary</u>														

Issued 02/02/2004

Do Not Tape or Staple

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