

No. <b>C 190564</b>	<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC. 8121 10TH AVENUE NORTH GOLDEN VALLEY MN 55427		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713				
			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TIMOTHY A SKANSI	9954 MAYLAND DRIVE SUITE 4000	RICHMOND	VA	USA	23233	
DIRECTOR	STANTON J MCCOMB	9954 MAYLAND DRIVE SUITE 4000	RICHMOND	VA	USA	23233	
DIRECTOR	JOHN G SAIA	ONE POST STREET	SAN FRANCISCO	CA	USA	94104	
SECRETARY	JOHN G SAIA	ONE POST STREET	SAN FRANCISCO	CA	USA	94104	
PRESIDENT	STANTON J MCCOMB	9954 MAYLAND DRIVE SUITE 4000	RICHMOND	VA	USA	23233	
TREASURER	TIMOTHY A SKANSI	9954 MAYLAND DRIVE SUITE 4000	RICHMOND	VA	USA	23233	
5. Organized Under the Laws of:  <b>MN</b> <b>C 190564</b>		6. Annual Report must be signed.* Signature: JOHN G SAIA Name (type or print): JOHN G SAIA Date: 03/12/2018 Title: SECRETARY					
Processed 03/12/2018		* Electronically provided signatures are accepted as original signatures.					