

1.) CORPORATION NAME: McKesson Medical-Surgical MediMart Inc.	DUE DATE: 10/31/2015			
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F0493876			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND, VA	5.) STOCK INFORMATION			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON
CLASS	AUTHORIZED			
COMMON	2,500			
4.) STATE OR COUNTRY OF INCORPORATION: MN				

6.) PRINCIPAL OFFICE ADDRESS:	
ADDRESS: ONE POST ST	
CITY/ST/ZIP: SAN FRANCISCO, CA 94104	

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STANTON J MCCOMB		
TITLE: PRESIDENT		
ADDRESS: 8741 LANDMARK ROAD		
CITY/ST/ZIP/CO: RICHMOND, VA 23228		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD E BALDANZI		
TITLE: VP/T		
ADDRESS: 450 LINDBERGH DRIVE		
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIE C BOGAN		
TITLE: VP/S		
ADDRESS: ONE POST STREET		
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILLIE C BOGAN	WILLIE C BOGAN, VP/S	10/1/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.