

1.) CORPORATION NAME: McKesson Medical-Surgical Minnesota Supply Inc.	DUE DATE: 10/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F0493884				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	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	2,500
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.

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	
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NAME: WILLIE C BOGAN TITLE: VP/SEC ADDRESS: ONE POST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TODD E BALDANZI TITLE: TREASURER ADDRESS: 450 LINDBERGH DRIVE CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/SEC	9/9/2014
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.