



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000507513

**2. Name of Corporation** McKesson Technologies Inc.

**3. Street Address Principal Business Office:**

No. and Street: 5995 WINDWARD PARKWAY

City or Town: ALPHARETTA

State: GA Zip: 30005 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

Develops, implements and supports patient care, clinical, homecare, managerial care and strategic management software, and other services to healthcare organizations.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICK J. BLAKE	ONE POST STREET SAN FRANCISCO, CA 94104 USA
VICE PRESIDENT AND SECRETARY	WILLIE C. BOGAN	ONE POST STREET SAN FRANCISCO, CA 94104 USA
PRESIDENT	JEFFREY A FELTON	1564 NORTHEAST EXPRESSWAY ATLANTA , GA 30329 USA
TREASURER	JILL L ROBINSON	5995 WINDWARD PARKWAY ALPHARETTA, GA 30005 USA

DIRECTOR	WILLIE C. BOGAN	ONE POST STREET SAN FRANCISCO, CA 94104 USA
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## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	1,000.00	100

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 11 Day of February, 2015 at 8:59:12 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By WILLIE C BOGAN  
Signature of Authorized Representative of the Corporation

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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