

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040



**LIMITED LIABILITY COMPANY**

ID Number FLLC 114800

Annual Report for the year 2001

1. The name of the limited liability company is:

iMcKesson LLC

2. The address of the principal office of the limited liability company is:

One Post Street, San Francisco, CA 94104

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: PRENTICE-HALL CORP SYSTEM

170 WESTMINSTER STREET, SUITE 900 PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Andrew G. Katzer, c/o McKesson Corporation

One Post Street, San Francisco, CA 94104-5296

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: provides medical management services for payors and providers to manage costs and outcomes of medical care.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

McKesson Health Solutions  
Holdings Inc.

One Post Street, San Francisco, CA 94104

Dated 09/27/01

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



iMcKesson LLC

*Exact Name of Limited Liability Company*

By [Signature]

Assistant Secretary

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-1-01</u>
Check No.:	<u>5291</u>
By:	<u>[Signature]</u>

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us