



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89710  
2. Name of Corporation McKesson BioServices Corporation  
3. Street Address Principal Business Office 14665 ROTHGEB DRIVE  
City ROCKVILLE State MD Zip 20850  
4. Business Phone No. 3013158460  
5. State of Incorporation VIRGINIA  
6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island  
PROVIDES COMPREHENSIVE SUPPORT SERVICES TO COMMERCIAL, NON-PROFIT AND GOVERNMENTAL ORGANIZATIONS ENGAGED IN DEVELOPMENT AND BIOMEDICAL RESEARCH.  
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Paul C. Julian  
Street Address One Post Street  
City San Francisco State CA Zip 94104  
Vice President Name Richard A. Zakour  
Street Address 14665 Rothgeb Drive  
City Rockville State MD Zip 20850  
Treasurer Name Nicholas A. Loiacono  
Street Address One Post Street  
City San Francisco State CA Zip 94104

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paul C. Julian  
Street Address One Post Street  
City San Francisco State CA Zip 94104  
Director Name Nicholas A. Loiacono  
Street Address One Post Street  
City San Francisco State CA Zip 94104  
Director Name Kristina Veaco  
Street Address One Post Street  
City San Francisco State CA Zip 94104

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
5,000		\$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
2,000	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*89710 FBC 03/07/05 09:31 PM\*  
FILED  
File Date MAR 07 2005  
Check No. By [Signature]  
OR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer [Signature]  
Date 3/2/05  
Glenette E. Babb  
Print or Type Name of Officer  
Assistant Secretary  
Title of Officer

**McKesson BioServices Corporation**

**Directors**

**Paul C. Julian**

**Director**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Nicholas A. Loiacono**

**Director**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Kristina Veaco**

**Director**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Officers**

**Paul C. Julian**

**President**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Richard A. Zakour**

**Senior Vice President and General Manager**

Primary Address: McKesson BioServices Corporation  
14665 Rothgeb Drive  
Rockville, MD 20850

**Nicholas A. Loiacono**

**Vice President and Treasurer**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Kristina Veaco**

**Vice President and Secretary**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Glenette E. Babb**

**Assistant Secretary**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for Corporate ID No, Name of Corporation, Street Address, Business Phone No, State of Incorporation, Brief Description of Business, Names and Addresses of Officers, Names and Addresses of Directors, Shares Authorized, and Shares Issued.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Administrative box containing File Date (2.27.04), Check No. (118550), and By: (signature) FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Glenette E. Babb
Date: 2/26/04
Title of Officer: Assistant Secretary

**McKesson BioServices Corporation**

**Directors**

**Paul C. Julian** **Director**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Nicholas A. Loiacono** **Director**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Kristina Veaco** **Director**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Officers**

**Paul C. Julian** **President**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Richard A. Zakour** **Senior Vice President**

Primary Address: McKesson BioServices Corporation  
14665 Rothgeb Drive  
Rockville, MD 20850

**Richard A. Zakour** **General Manager**

Primary Address: McKesson BioServices Corporation  
14665 Rothgeb Drive  
Rockville, MD 20850

**Nicholas A. Loiacono** **Treasurer**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104

**Nicholas A. Loiacono** **Vice President**

Primary Address: McKesson Corporation  
One Post Street  
San Francisco, CA 94104



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **89710** 2. Name of Corporation **McKesson BioServices Corporation**  
3. Street Address Principal Business Office **14665 Rothgeb Drive** City **Rockville** State **MD** Zip **20850**  
4. Business Phone No. **(301) 315-8460** 5. State of Incorporation **VIRGINIA** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Provides comprehensive support services to commercial, non-profit and governmental organizations engaged in drug development and bio-medical research.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> Margaret M. Pfau Street Address One Post Street City San Francisco State CA Zip 94104 Secretary Name Kristina Veaco Street Address One Post Street City San Francisco State CA Zip 94104	<b>Vice President Name</b> Richard A. Zakour Street Address 14665 Rothgeb Drive City Rockville State MD Zip 20850 <b>Treasurer Name</b> Nicholas A. Loiacono Street Address One Post Street City San Francisco State CA Zip 94104
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> Nicholas A. Loiacono Street Address One Post Street City San Francisco State CA Zip 94104	<b>Director Name</b> Kristina Veaco Street Address One Post Street City San Francisco State CA Zip 94104
<b>Director Name</b> Margaret M. Pfau Street Address One Post Street City San Francisco State CA Zip 94104	

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
5,000	Common	\$1.00 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
2,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2.21.03  
Check No.: 01304  
By: UP  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: Glenette E. Babb Date: 2/18/03  
Print or Type Name of Officer: Glenette E. Babb  
Title of Officer: Assistant Secretary

## Directors, Officers Report

### McKesson BioServices Corporation

February 14, 2003

#### DIRECTORS

**Nicholas A. Loiacono** Director  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**Margaret M. Pfau** Director  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**Kristina Veaco** Director  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

#### OFFICERS

**Margaret M. Pfau** President  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**Richard A. Zakour** Senior Vice President and General Manager  
Primary Address: McKesson BioServices Corporation  
14665 Rothgeb Drive  
Rockville, MD 20850

**Nicholas A. Loiacono** Vice President and Treasurer  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**Kristina Veaco** Vice President and Secretary  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**Glenette E. Babb** Assistant Secretary  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**William H. Brennan** Assistant Secretary  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104

**Susan Penway** Assistant Secretary  
Primary Address: McKesson Corporation  
One Post Street  
San Francisco, California 94104



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-36

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89710**  
2. Name of Corporation **McKesson BioServices Corporation**

3. Street Address Principal Business Office  
**14665 Rothgeb Drive**

4. Business Phone No. **(301) 315-8460**  
5. State of Incorporation **VIRGINIA**

City **Rockville** State **MD** Zip **20850**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**profit and governmental organizations engaged in drug development and biomedical research.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Margaret M. Pfau**  
Street Address **9700 N. 91<sup>st</sup> Street, Ste. 232**  
City **Scottsdale** State **AZ** Zip **85258**

Vice President Name **Richard Zakour**  
Street Address **14665 Rothgeb Drive**  
City **Rockville** State **MD** Zip **20850**

Secretary Name **Kristina Veaco**  
Street Address **One Post Street**  
City **San Francisco** State **CA** Zip **94104**

Treasurer Name **Nicholas A. Loiacono**  
Street Address **One Post Street**  
City **San Francisco** State **CA** Zip **94104**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Nicholas A. Loiacono**  
Street Address **One Post Street**  
City **San Francisco** State **CA** Zip **94104**

Director Name **Margaret M. Pfau**  
Street Address **9700 N. 91<sup>st</sup> Street, Ste. 232**  
City **Scottsdale** State **AZ** Zip **85258**

Director Name **Kristina Veaco**  
Street Address **One Post Street**  
City **San Francisco** State **CA** Zip **94104**

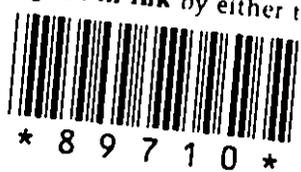
10. AUTHORIZED SHARES (\*X\* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2000 SHS		\$1.00 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2,000	Common	\$1.00

Report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 7 1 0 \*

3-1-02  
20065  
2

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.

*Glenette E. Babb*  
Signature of Officer  
Date **2/27/02**

**Glenette E. Babb**  
Print or Type Name of Officer  
Assistant Secretary

McKesson BioServices Corporation

Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
Margaret M. Pfau President, Chief Operating Officer and Director	9700 North 91 <sup>st</sup> Street, Ste. 232 Scottsdale, AZ 85258
Richard A. Zakour Senior Vice President and General Manager	14665 Rothgeb Drive Rockville, MD 20850
Nicholas A. Loiacono Vice President, Treasurer and Director	McKesson Corporation One Post Street San Francisco, CA 94104
Kristina Veaco Vice President, Secretary and Director	McKesson Corporation One Post Street San Francisco, CA 94104
Glenette E. Babb Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Ronald Y. Chin Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Andrew G. Katzer Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
William E. Wagstaff, Jr. Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89710** 2. Name of Corporation **McKesson BioServices Corporation**

3. Street Address Principal Business Office **14665 Rothgeb Drive** City **Rockville** State **MD** Zip **20850**

4. Business Phone No. **(301) 315-8460** 5. State of Incorporation **VIRGINIA** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Provides comprehensive support services to commercial, non-profit and governmental organizations engaged in drug development and biomedical research.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>J. Douglas Reiff</b>	Vice President Name <b>Joann Armitage</b>
Street Address <b>14665 Rothgeb Drive</b>	Street Address <b>14665 Rothgeb Drive</b>
City State Zip <b>Rockville MD 20850</b>	City State Zip <b>Rockville MD 20850</b>

Secretary Name <b>Kristina Veaco</b>	Treasurer Name <b>Nicholas A. Loiacono</b>
Street Address <b>One Post Street</b>	Street Address <b>One Post Street</b>
City State Zip <b>San Francisco CA 94104</b>	City State Zip <b>San Francisco CA 94014</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Robert J. Glaser</b>	Director Name <b>Kristina Veaco</b>
Street Address <b>101 College Road East</b>	Street Address <b>One Post Street</b>
City State Zip <b>Princeton NJ 08540</b>	City State Zip <b>San Francisco CA 94104</b>

Director Name <b>J. Douglas Reiff</b>	Director Name
Street Address <b>14665 Rothgeb Drive</b>	Street Address
City State Zip <b>Rockville MD 20850</b>	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**5,000 SHS \$1.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**2000 Common \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 8 9 7 1 0 \*

File Date: 2/20  
Check No.: 10827  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 2/14/01  
**Glenette E. Babb**  
Print or Type Name of Officer  
**Assistant Secretary**  
Title of Officer

# McKesson BioServices Corporation

## Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
J. Douglas Reiff President, Chief Operating Officer and Director	14665 Rothgeb Drive Rockville, MD 20850
Joann Armitage Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Robert M. Rice Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Patricia L. Shifflett Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Richard A. Zakour Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Nicholas A. Loiacono Vice President and Treasurer	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Kristina Veaco Vice President, Secretary and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Glenette E. Babb Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Michael L. Harris Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Andrew G. Katzer Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Jaclyn L. Larson Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
William E. Wagstaff, Jr. Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Robert J. Glaser Director	Pharmaceutical Partners Group 101 College Road East Princeton, NJ 08540

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **89710** 2. Name of Corporation **McKesson BioServices Corporation**

3. Street Address Principal Business Office **14665 Rothgeb Drive** City **Rockville** State **Maryland** Zip **20850**

4. Business Phone No. **(301) 315-8460** 5. State of Incorporation **VIRGINIA** 6. SJC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Provides comprehensive support services to commercial, non-profit and governmental organizations engaged in drug development and biomedical research.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **J. Douglas Reiff**  
Street Address **14665 Rothgeb Drive**  
City **Rockville** State **Maryland** Zip **20850**

Vice President Name **Anita M. Dopkosky**  
Street Address **14665 Rothgeb Drive**  
City **Rockville** State **Maryland** Zip **20850**

Secretary Name **Kristina Veaco**  
Street Address **One Post Street**  
City **San Francisco** State **California** Zip **94104**

Treasurer Name **Nicholas A. Loiacono**  
Street Address **One Post Street**  
City **San Francisco** State **California** Zip **94104**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Robert J. Glaser**  
Street Address **600 Campus Drive, Suite 160**  
City **Florham Park** State **New Jersey** Zip **07932**

Director Name **J. Douglas Reiff**  
Street Address **14665 Rothgeb Drive**  
City **Rockville** State **Maryland** Zip **20850**

Director Name **Kristina Veaco**  
Street Address **One Post Street**  
City **San Francisco** State **California** Zip **94104**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**5,000 SHS \$1.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**2,000 Common \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 7 1 0 \*

File Date: 1/10/00  
Check No.: 24297  
By: [Signature]

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.

[Signature] 01/05/00  
Signature of Officer Date

Glenette E. Babb  
Print or Type Name of Officer  
Assistant Secretary  
Title of Officer

# McKesson BioServices Corporation

## Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
J. Douglas Reiff President, Chief Operating Officer and Director	14665 Rothgeb Drive Rockville, MD 20850
Joanne Armitage Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
John Ferinde, Sr. Senior Vice President	1055 First Street, Suite 125 Rockville, MD 20852
Robert R. Miller Senior Vice President	627 Lofstrand Lane Rockville, MD 20850
Rodney T. Miller, Jr. Senior Vice President	649 J Lofstrand Lane Rockville, MD 20850
Robert M. Rice Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Patricia L. Shifflett Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Richard A. Zakour Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Anita M. Dopkosky Vice President	14665 Rothgeb Drive Rockville, MD 20850
Kathleen H. Groover Vice President	1592 Rockville Pike, Suite E Rockville, MD 20852
Stephen Lindenfelser Vice President	685 Lofstrand Lane Rockville, MD 20850
Nicholas A. Loiacono Vice President and Treasurer	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Kristina Veaco Vice President, Secretary and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Glenette E. Babb Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104

(Continued on Page 2)

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>89710</b>		2. Name of Corporation <b>McKesson BioServices Corporation</b>		
3. Street Address Principal Business Office <b>14665 Rothgeb Drive</b>		City <b>Rockville</b>	State <b>MD</b>	Zip <b>20850</b>
4. Business Phone No. <b>(301) 315-8460</b>		5. State of Incorporation <b>VIRGINIA</b>		
6. SIC Code <b>8730</b>				
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Provides comprehensive support services to commercial, non-profit and governmental organizations engaged in drug development and biomedical research.</b>				

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Harrison N. Hoppes</b>		Vice President Name <b>Nancy A. Miller</b>		
Street Address <b>14665 Rothgeb Drive</b>		Street Address <b>One Post Street</b>		
City <b>Rockville</b>	State <b>MD</b>	Zip <b>20850</b>	City <b>One Post Street</b>	State <b>CA</b>
Secretary Name <b>Nancy A. Miller</b>		Treasurer Name <b>Nicholas A. Loiacono</b>		
Street Address <b>One Post Street</b>		Street Address <b>One Post Street</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip <b>94104</b>	City <b>San Francisco</b>	State <b>CA</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) * FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Robert J. Glaser</b>		Director Name <b>Nancy A. Miller</b>		
Street Address <b>600 Campus Drive</b>		Street Address <b>One Post Street</b>		
City <b>Florham Park</b>	State <b>NJ</b>	Zip <b>07932</b>	City <b>San Francisco</b>	State <b>CA</b>
Director Name <b>Harrison N. Hoppes</b>		Director Name		
Street Address <b>14665 Rothgeb Drive</b>		Street Address		
City <b>Rockville</b>	State <b>MD</b>	Zip <b>20850</b>	City	State

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>5,000 SHS</b>	<b>\$1.00 PAR VALUE</b>		<b>2,000</b>	<b>Common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/22/99  
Check No.: 4833  
By: [Signature]

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.

[Signature]  
Signature of Officer  
**GLENETTE E. BABB**  
Print or Type Name of Officer  
**ASSISTANT SECRETARY**  
Title of Officer

2/22/99  
Date

# McKesson BioServices Corporation

## Additional Officers

<u>Name and Title</u>	<u>Business Address</u>
Harrison N. Hoppes Chief Operating Officer	14665 Rothgeb Drive Rockville, MD 20850
John Ferinde, Sr. Senior Vice President	1055 First Street, Suite 125 Rockville, MD 20852
Robert R. Miller Senior Vice President	627 Lofstrand Lane Rockville, MD 20850
Rodney T. Miller, Jr. Senior Vice President	649 J Lofstrand Lane Rockville, MD 20850
Robert M. Rice Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Patricia L. Shifflett Senior Vice President	14665 Rothgeb Drive Rockville, MD 20850
Richard A. Zakour Senior Vice President Sales and Marketing	14665 Rothgeb Drive Rockville, MD 20850
Anita M. Dopkosky Vice President	14665 Rothgeb Drive Rockville, MD 20850
Kathleen H. Groover Vice President	1592 Rockville Pike, Suite E Rockville, MD 20852
Stephen Lindenfelser Vice President	685 Lofstrand Lane Rockville, MD 20850
Nicholas A. Loiacono Vice President Finance	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Glenette E. Babb Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Michael L. Harris Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Dana T. Iapicca Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
James F. Regan Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Lincoln K. Walworth Assistant Treasurer	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89710** 2. Name of Corporation **McKesson BioServices Corporation**  
 3. Street Address Principal Business Office **Montgomery Executive Center** City **Gaithersburg** State **MD** Zip **20879**  
**6 Montgomery Village Avenue, Suite 322**  
 4. Business Phone No. **(301) 417-0229** 5. State of Incorporation **VIRGINIA** 6. SIC Code **8730**  
 7. Brief Description of the Character of Business Conducted in Rhode Island **Provides comprehensive support services to commercial, non-profit governmental organizations engaged in drug development and biomedical research.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) XX  
 President Name **Harrison N. Hoppes** Vice President Name **Kathleen H. Groover**  
 Street Address **Montgomery Executive Center** Street Address **1592 Rockville Pike, Suite E**  
**6 Montgomery Village Avenue, Ste 322** City **Rockville** State **MD** Zip **20852**  
 City **Gaithersburg** State **MD** Zip **20879** Treasurer Name **Jon W. d'Alessio**  
 Secretary Name **Nancy A. Miller** Street Address **One Post Street**  
 Street Address **One Post Street** City **San Francisco** State **CA** Zip **94104**  
 City **San Francisco** State **CA** Zip **94104**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) XX  
 Director Name **Harrison N. Hoppes** Director Name **Nancy A. Miller**  
 Street Address **Montgomery Executive Center** Street Address **One Post Street**  
**6 Montgomery Village Avenue, Ste 322** City **San Francisco** State **CA** Zip **94104**  
 City **Gaithersburg** State **MD** Zip **20879** Director Name **David L. Mahoney**  
 Director Name **David L. Mahoney** Street Address **One Post Street**  
 Street Address **One Post Street** City **San Francisco** State **CA** Zip **94104**  
 City **San Francisco** State **CA** Zip **94104**

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 SHS		\$1.00 PAR VALUE	2,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2-3-97  
 Check No.: 136853  
 By: WUP / SEC

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.  
 Signature of Officer Lorraine E. Peetz Date January 13, 1997  
 Print or Type Name of Officer Lorraine E. Peetz  
 Title of Officer Assistant Secretary

# McKesson BioServices Corporation

## Additional Officers

<u>Name and Title</u>	<u>Business Address</u>
John Ferinde, Sr. Senior Vice President	1055 First Street, Suite 125 Rockville, MD 20852
Robert R. Miller Senior Vice President	627 Lofstrand Lane Rockville, MD 20850
Rodney T. Miller, Jr. Senior Vice President	621 Lofstrand Lane, 2nd Floor Rockville, MD 20850
Patricia L. Shifflett Senior Vice President	7564 Standish Place, Suite 112 Rockville, MD 20850
Paul Thadikonda Senior Vice President	621 Lofstrand Lane, 2nd Floor Rockville, MD 20850
Richard A. Zakour Senior Vice President Sales and Marketing	Montgomery Executive Center 6 Montgomery Village Avenue, Suite 322 Gaithersburg, MD 20879
Anita M. Dopkosky Vice President	Montgomery Executive Center 6 Montgomery Village Avenue, Suite 322 Gaithersburg, MD 20879
Stephen Lindenfelser Vice President	685 Lofstrand Lane Rockville, MD 20850
Robert M. Rice Vice President Regulatory Support Services	7501 Standish Place Rockville, MD 20855
Michael L. Harris Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Dana T. Iapicca Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Lorraine E. Peetz Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
James F. Regan Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Lincoln K. Walworth Assistant Treasurer	McKesson Corporation One Post Street San Francisco, CA 94104



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89710** 2. Name of Corporation **McKesson BioServices Corporation**  
 3. Street Address Principal Business Office  
**6 Montgomery Village Avenue** City **Gaithersburg** State **Maryland** Zip **20879**  
 4. Business Phone No. **301/417-0229** 5. State of Incorporation **VIRGINIA** 6. SIC Code **8730**  
 7. Brief Description of the Character of Business Conducted in Rhode Island **provides comprehensive support services to commercial, non-profit and governmental organizations engaged in drug development and biomedical research.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X

President Name <b>Harrison N. Hoppes</b>	Vice President Name <b>Nancy A. Miller</b>
Street Address <b>6 Montgomery Village Avenue</b>	Street Address <b>One Post Street</b>
City <b>Gaithersburg</b> State <b>Maryland</b> Zip <b>20879</b>	City <b>San Francisco</b> State <b>California</b> Zip <b>94104</b>
Secretary Name <b>Nancy A. Miller</b>	Treasurer Name <b>Alan M. Pearce</b>
Street Address <b>One Post Street</b>	Street Address <b>One Post Street</b>
City <b>San Francisco</b> State <b>California</b> Zip <b>94104</b>	City <b>San Francisco</b> State <b>California</b> Zip <b>94104</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>Harrison N. Hoppes</b>	Director Name <b>Nancy A. Miller</b>
Street Address <b>6 Montgomery Village Avenue</b>	Street Address <b>One Post Street</b>
City <b>Gaithersburg</b> State <b>Maryland</b> Zip <b>20879</b>	City <b>San Francisco</b> State <b>California</b> Zip <b>94104</b>
Director Name <b>David L. Mahoney</b>	Director Name
Street Address <b>One Post Street</b>	Street Address
City <b>San Francisco</b> State <b>California</b> Zip <b>94104</b>	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**5,000 SHS \$1.00 PAR VALUE**  
 Common

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**2,000** Common **\$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

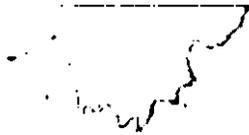


File Date: 1/12/98  
 Check No.: 0157852  
 By: KWD

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.

Lorraine E. Peetz 01/07/98  
 Signature of Officer Date

Lorraine E. Peetz  
 Print or Type Name of Officer  
Assistant Secretary  
 Title of Officer



## McKesson BioServices Corporation

### Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
David L. Mahoney Chairman of the Board and Director	McKesson Corporation One Post Street San Francisco, CA 94104
Harrison N. Hoppes President, Chief Operating Officer and Director	Montgomery Executive Center 6 Montgomery Village Avenue, Suite 322 Gaithersburg, MD 20879
John Ferinde, Sr. Senior Vice President	1055 First Street, Suite 125 Rockville, MD 20852
Robert R. Miller Senior Vice President	627 Lofstrand Lane Rockville, MD 20850
Rodney T. Miller, Jr. Senior Vice President	621 Lofstrand Lane, 2nd Floor Rockville, MD 20850
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Kathleen H. Groover Vice President	1592 Rockville Pike, Suite E Rockville, MD 20852
Stephen Lindenfels Vice President	685 Lofstrand Lane Rockville, MD 20850
Nancy A. Miller Vice President, Secretary and Director	McKesson Corporation One Post Street San Francisco, CA 94104
Robert M. Rice Vice President Regulatory Support Services	7501 Standish Place Rockville, MD 20855
Alan M. Pearce Treasurer	McKesson Corporation One Post Street San Francisco, CA 94104

(Continued on Page 2)