



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. 85613		2. Name of Corporation McKesson Specialty Arizona Inc.			
3. Street Address Principal Business Office 4343 North Scottsdale Road, Suite 150			City SCOTTSDALE	State AZ	Zip 85251-3221
4. Business Phone No. 480-663-4000		5. State of Incorporation DELAWARE			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDES COST AND INFORMATION MANAGEMENT SERVICES TO DRUG MANUFACTURERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian Tyler			Vice President Name William P. O'Neill		
Street Address 4343 North Scottsdale Road, Suite 150			Street Address One Post Street		
City Scottsdale	State AZ	Zip 85251-3221	City San Francisco	State CA	Zip 94104
Secretary Name Kristina Veaco			Treasurer Name Nicholas A. Loiacono		
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul C. Julian			Director Name Kristina Veaco		
Street Address One Post Street			Street Address One Post Street		
City San Francisco	State CA	Zip 94104	City San Francisco	State CA	Zip 94104
Director Name Nicholas A. Loiacono			Director Name		
Street Address One Post Street			Street Address		
City San Francisco	State CA	Zip 94104	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
1,000 COMM \$0.01 PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
100			common		
Par Value			Par Value		
			\$0.01		

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



8 5 6 1 3

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
Print or Type Name of Officer
Assistant Secretary
Date
Title of Officer

85613 FBC 03/01/05 08:39:10 PM

File Date **FILED**

Check No. **MAR 07 2005 000014537**

By: **EB**

FOR SECRETARY OF STATE USE ONLY

McKesson Specialty Arizona Inc.

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

Nicholas A. Loiacono **Vice President and Treasurer**

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

William P. O'Neill **Vice President**

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

DeEte Thomas **Vice President**

Primary Address: McKesson Specialty Arizona Inc.
4343 Scottsdale Road, Suite 150
Scottsdale, Arizona 85251 - 3221

Kristina Veaco **Vice President and Secretary**

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

Directors / Officers Report

As of 10/6/2004

McKesson Specialty Arizona Inc.

Glenette E. Babb **Assistant Secretary**

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

William H. Brennan **Assistant Secretary**

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

Susan Penway **Assistant Secretary**

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

Anne J. Shuford **Assistant Secretary**

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

William E. Wagstaff, Jr **Assistant Secretary**

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



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)

1. Corporate ID No. 85613		2. Name of Corporation McKesson Health Solutions Arizona Inc.			
3. Street Address Principal Business Office 9700 N. 91st Street, Suite 232			City Scottsdale	State AZ	Zip 85258
4. Business Phone No. (480) 314-7000		5. State of Incorporation DELAWARE		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDES COST AND INFORMATION MANAGEMENT SERVICES TO DRUG MANUFACTURERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul C. Julian			Vice President Name William P. O'Neill		
Street Address One Post Street			Street Address One Post Street		
City San Francisco	State CA	Zip 94104	City San Francisco	State CA	Zip 94104
Secretary Name Kristina Veaco			Treasurer Name Nicholas A. Loaicono		
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul C. Julian			Director Name Kristina Veaco		
Street Address One Post Street			Street Address One Post Street		
City San Francisco	State CA	Zip 94104	City San Francisco	State CA	Zip 94104
Director Name Nicholas A. Loiacono			Director Name		
Street Address One Post Street			Street Address		
City San Francisco	State CA	Zip 94104	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.01 PAR VALUE			100	Common	\$.01

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



* 8 5 6 1 3 *

File Date 2-27-04
Check No. 118552
By: llp
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.

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

McKesson Health Solutions Arizona Inc.

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

Nicholas A. Loiacono **Vice President and Treasurer**

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

William P. O'Neill **Vice President**

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

DeEtte Thomas **Vice President**

Primary Address: McKesson Health Solutions Arizona Inc.
9700 N. 91st Street., Suite 232
Scottsdale, AZ 85258

Kristina Veaco **Vice President and Secretary**

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

McKesson Health Solutions Arizona Inc.

Glenette E. Babb **Assistant Secretary**

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

William H. Brennan **Assistant Secretary**

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

Susan Penway **Assistant Secretary**

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

Anne J. Shuford **Assistant Secretary**

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

William E. Wagstaff, Jr **Assistant Secretary**

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. **85613** 2. Name of Corporation **McKesson Health Solutions Arizona Inc.**
3. Street Address Principal Business Office **9700 N. 91st Street, Suite 232** City **Scottsdale** State **AZ** Zip **85258**
4. Business Phone No. **(480) 314-7000** 5. State of Incorporation **DELAWARE** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs to manage costs and outcomes of medical care.**

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

President Name Margaret M. Pfau	Vice President Name Eric Rubin
Street Address One Post Street	Street Address 9700 N. 91st Street, Suite 232
City State Zip San Francisco CA 94104	City State Zip Scottsdale AZ 85258
Secretary Name Kristina Veaco	Treasurer Name Nicholas A. Loiacono
Street Address One Post Street	Street Address One Post Street
City State Zip San Francisco CA 94104	City State Zip San Francisco CA 94104

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM \$0.01 PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$0.01

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



* 8 5 6 1 3 *

File Date: 2.21.03
Check No.: 61364
By: IUP

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 2/18/03
Signature of Officer Date

Glenette E. Babb

Print or Type Name of Officer

Assistant Secretary

Title of Officer

Directors, Officers Report

McKesson Health Solutions Arizona Inc.

February 14, 2003

DIRECTORS

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

Nicholas A. Loiacono **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

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

William P. O'Neill **Vice President**
Primary Address: McKesson Corporation
One Post Street
San Francisco, California 94104

Eric L. Rubin **Vice President**
Primary Address: McKesson Health Solutions Arizona Inc.
9700 N. 91st Street. , Suite 232
Scottsdale, AZ 85258

DeEtte Thomas **Vice President**
Primary Address: McKesson Health Solutions Arizona Inc.
9700 N. 91st Street. , Suite 232
Scottsdale, AZ. 85258

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

Anne J. Shuford **Assistant Secretary**
Primary Address: McKesson Corporation
One Post Street
San Francisco, California 94104

William E. Wagstaff, Jr **Assistant Secretary**
Primary Address: McKesson Corporation
One Post Street
San Francisco, California 94104

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. **85613** 2. Name of Corporation **McKesson Health Solutions Arizona Inc.**
3. Street Address Principal Business Office **9700 N. 91st Street, Ste. 232** City **Scottsdale** State **AZ** Zip **85258**
4. Business Phone No. **(480) 314-7000** 5. State of Incorporation **DELAWARE** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals and biotechnology products.**

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

President Name **Margaret M. Pfau** Vice President Name **Steve M. Hoffman**
Street Address **9700 N. 91st Street, Ste. 232** Street Address **9700 N. 91st Street, Ste. 232**
City **Scottsdale** State **AZ** Zip **85258** City **Scottsdale** State **AZ** Zip **85258**

Secretary Name **Kristina Veaco** Treasurer Name **Nicholas A. Loiacono**
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) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Margaret M. Pfau** Director Name **Kristina Veaco**
Street Address **9700 N. 91st Street, Ste. 232** Street Address **One Post Street**
City **Scottsdale** State **AZ** Zip **85258** City **San Francisco** State **CA** Zip **94104**
Director Name **Nicholas A. Loiacono**
Street Address **One Post Street**
City **San Francisco** State **CA** Zip **94104**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$0.01

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



* 8 5 6 1 3 *

File Date: 3-1-02
Check No.: 20008
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] 2/27/02
Signature of Officer Date
Glenette E. Babb
Print or Type Name of Officer
Assistant Secretary
Title of Officer

McKESSON HEALTH SOLUTIONS ARIZONA INC.

Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
Margaret M. Pfau President and Director	9700 N. 91 st Street, Suite 232 Scottsdale, AZ 85258-5036
Steve M. Hoffman Vice President	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
Nicholas A. Loiacono Vice President, Treasurer and Director	McKesson Corporation One Post Street San Francisco, CA 94104
DeEtte Thomas Vice President	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
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
William H. Brennan 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 # **85613** 2. Name of Corporation **Healthcare Delivery Systems, Inc.**
3. Street Address Principal Business Office **9700 N. 91st Street, Ste. 232** City **Scottsdale** State **AZ** Zip **85258**
4. Business Phone No. **(480) 314-7000** 5. State of Incorporation **DELAWARE** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals & biotech products**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS
President Name **Margaret M. Pfau** Vice President Name **Lynn Benzing**
Street Address **9700 N. 91st Street, Suite 232** Street Address **101 College Road East**
City **Scottsdale** State **AZ** Zip **85258** City **Princeton** State **NJ** Zip **08540**

Secretary Name **Kristina Veaco** Treasurer Name **Nicholas A. Loiacono**
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **Robert J. Glaser** Director Name **Kristina Veaco**
Street Address **101 College Road East** Street Address **One Post Street**
City **Princeton** State **NJ** Zip **08540** City **San Francisco** State **CA** Zip **94104**
Director Name **Nicholas A. Loiacono** Director Name
Street Address **One Post Street** Street Address
City **San Francisco** State **CA** Zip **94104** City State Zip

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
1,000 SHS COMM \$.01 PAR **100 Common \$.01**

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



* 8 5 6 1 3 *

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

HEALTHCARE DELIVERY SYSTEMS, INC.

Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
Margaret M. Pfau President	9700 N. 91 st Street, Suite 232 Scottsdale, AZ. 85258-5036
Lynn Benzing Vice President	Pharmaceutical Partners Group 101 College Road East Princeton, NJ 08540
Steve M. Hoffman Vice President	9700 N. 91st Street, Suite 232 Scottsdale, AZ. 85258-5036
Nicholas A. Loiacono Vice President, Treasurer and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
DeEtte Thomas Vice President	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
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. **85613** 2. Name of Corporation **Healthcare Delivery Systems, Inc.**
3. Street Address Principal Business Office **9700 N. 91st Street, Suite 232** City **Scottsdale** State **Arizona** Zip **85258-5036**
4. Business Phone No. **(602) 314-7000** 5. State of Incorporation **DELAWARE** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals and biotechnology products.**

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

President Name Patrick J. Connoy			Vice President Name Jeffrey Herzfeld		
Street Address 9700 N. 91st Street, Suite 232			Street Address One Post Street		
City Scottsdale	State Arizona	Zip 85258-5036	City San Francisco	State California	Zip 94104
Secretary Name Kristina Veaco			Treasurer Name Nicholas A. Loiacono		
Street Address One Post Street			Street Address One Post Street		
City San Francisco	State California	Zip 94104	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 Patrick J. Connoy			Director Name Robert J. Glaser		
Street Address 9700 N. 91st Street, Suite 232			Street Address 600 Campus Drive, Suite 160		
City Scottsdale	State Arizona	Zip 85258-5036	City Florham Park	State New Jersey	Zip 07932
Director Name Kristina Veaco			Director Name		
Street Address One Post Street			Street Address		
City San Francisco	State California	Zip 94104	City	State	Zip

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

AUTHORIZED SHARES

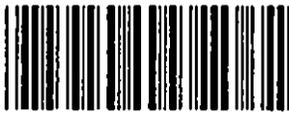
Number of Shares	Class/Series	Par Value
1,000 SHS COMM	\$.01 PAR	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	\$.01

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



* 8 5 6 1 3 *

File Date: 1/10/00
24297
Check No.: _____
By: ec

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 01/05/00
Signature of Officer Date

GLENETTE E. BABB
Print or Type Name of Officer
ASSISTANT SECRETARY
Title of Officer

HEALTHCARE DELIVERY SYSTEMS, INC.

Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
Patrick J. Connoy President and Director	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
Jeffrey Herzfeld Vice President	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Steve M. Hoffman Vice President Product Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
Nicholas A. Loiacono Vice President and Treasurer	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Margaret M. Pfau Vice President Administration and Finance	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
Eric L. Rubin Vice President Sales and Marketing	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
Kristina Veaco Vice President, Secretary and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Thomas B. Wheat Vice President Business Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85258-5036
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
Jaclyn L. Larson 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

(Continued on Page 2)

Name and Title

Lincoln K. Walworth
Assistant Treasurer

Robert J. Glaser
Director

Business Address

McKesson HBOC, Inc.
One Post Street
San Francisco, CA 94104

McKesson HBOC, Inc.
Pharmaceutical Partners Group
600 Campus Drive, Suite 160
Florham Park, NJ 07932



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. **85613** 2. Name of Corporation **HEALTHCARE DELIVERY SYSTEMS, INC.**
3. Street Address Principal Business Office **9700 N. 91ST STREET, SUITE 232** City **SCOTTSDALE** State **AZ** Zip **85258**
4. Business Phone No. **(602) 314-7000** 5. State of Incorporation **Delaware** 6. SIC Code **9886**
7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals and biotechnology products.**

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

President Name Patrick J. Connoy Street Address 9700 N. 91st Street, Suite 232 City State Zip Scottsdale AZ 85258	Vice President Name Jeffrey Herzfeld Street Address One Post Street City State Zip San Francisco CA 94104
Secretary Name Kristina Veaco Street Address One Post Street City State Zip San Francisco CA 94104	Treasurer Name Nicholas A. Loiacono Street Address One Post Street City State Zip San Francisco CA 94104

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

Director Name Patrick J. Connoy Street Address 9700 N. 91st Street, Suite 232 City State Zip Scottsdale AZ 85258	Director Name Kristina Veaco Street Address One Post Street City State Zip San Francisco CA 94104
Director Name Robert J. Glaser Street Address 600 Campus Drive City State Zip Florham Park NJ 07932	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	\$.01

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	\$.01

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

File Date: 7/19/99
Check No.: 15004
By: Cu

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 7/14/99
Signature of Officer Date

GLENETTE E. BABB
Print or Type Name of Officer

ASSISTANT SECRETARY
Title of Officer



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. **85613** 2. Name of Corporation **Healthcare Delivery Systems, Inc.**
3. Street Address Principal Business Office **9700 N. 91st Street, Suite 232** City **Scottsdale** State **Arizona** Zip **85258**
4. Business Phone No. **602/314-7000** 5. State of Incorporation **DELAWARE** 6. SIC Code **8090**

7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals and biotechnology products.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X
President Name **Patrick J. Conroy** Vice President Name **Laurie Hughes**

Street Address **9700 N. 91st Street, Suite 232** Street Address **9700 N. 91st Street, Suite 232**
City **Scottsdale** State **Arizona** Zip **85258** City **Scottsdale** State **Arizona** Zip **85258**

Secretary Name **Nancy A. Miller** Treasurer Name **Alan M. Pearce**
Street Address **One Post Street** Street Address **One Post Street**
City **San Francisco** State **California** Zip **94104** City **San Francisco** State **California** Zip **94104**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name **Patrick J. Conroy** Director Name **Nancy A. Miller**
Street Address **9700 N. 91st Street, Suite 232** Street Address **One Post Street**
City **Scottsdale** State **Arizona** Zip **95258** City **San Francisco** State **California** Zip **94104**

Director Name **David L. Mahoney** Director Name
Street Address **One Post Street** Street Address
City **San Francisco** State **California** Zip **94104** City State Zip

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
1,000 SHS COMM \$.01 PAR **100** **Common** **\$.01**

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.: 0157853
By: KLD

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. P-etz January 7, 1998
Signature of Officer Date
Lorraine E. P-etz
Print or Type Name of Officer
Assistant Secretary
Title of Officer

HEALTHCARE DELIVERY SYSTEMS, INC.

Additional Officers

<u>Name and Title</u>	<u>Business Address</u>
Patrick A. Broderick Vice President	One Post Street San Francisco, CA 94104
Jeffrey Herzfeld Vice President	525 Market Street, 9th Floor San Francisco, CA 94104
Steve M. Hoffman Vice President Product Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Nicholas A. Loiacono Vice President	One Post Street San Francisco, CA 94104
Nancy A. Miller Vice President	One Post Street San Francisco, CA 94104
Margaret M. Pfau Vice President Administration and Finance	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Eric L. Rubin Vice President Sales and Marketing	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
William A. Salmon Vice President Information Systems	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Thomas B. Wheat Vice President Business Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Michael L. Harris Assistant Secretary	One Post Street San Francisco, CA 94104
Dana T. Iapicca Assistant Secretary	One Post Street San Francisco, CA 94104
Claudia K. Newbold Assistant Secretary	One Post Street San Francisco, CA 94104
Lorraine E. Peetz Assistant Secretary	One Post Street San Francisco, CA 94104
Lincoln K. Walworth Assistant Treasurer	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. **85613** 2. Name of Corporation **Healthcare Delivery Systems, Inc.**
3. Street Address Principal Business Office **9700 N. 91st. Street, Suite 232** City **Scottsdale** State **AZ** Zip **85258-5036**
4. Business Phone No. **602/314-7000** 5. State of Incorporation **DELAWARE** 6. SIC Code **8090**

7. Brief Description of the Character of Business Conducted in Rhode Island **Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals and biotechnology products.**

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

President Name Patrick J. Connoy Street Address 9700 N. 91st Street, Suite 232 City Scottsdale State AZ Zip 85260	Vice President Name Parick A. Broderick Street Address 9700 N. 91st Street City Scottsdale State AZ Zip 85260
Secretary Name Nancy A. Miller Street Address One Post Street City San Francisco State CA Zip 94104	Treasurer Name Jon W. d'Alessio Street Address One Post Street City San Francisco State CA Zip 94104

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

Director Name Arthur Chong Street Address One Post Street City San Francisco State CA Zip 94104	Director Name David L. Mahoney Street Address One Post Street City San Francisco State CA Zip 94104
Director Name Nancy A. Miller Street Address One Post Street 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
1,000 SHS COMM	\$.01 PAR		100	Common	\$.01

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



File Date: 1/27/97
Check No.: 136793
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.

Lorraine E. Peetz 1/10/97
Signature of Officer Date

Lorraine E. Peetz
Print or Type Name of Officer

Assistant Secretary
Title of Officer

HEALTHCARE DELIVERY SYSTEMS, INC.

Additional Officers

<u>Name and Title</u>	<u>Business Address</u>
Arthur Chong Vice President	McKesson Corporation One Post Street San Francisco, CA 94104
Steve M. Hoffman Vice President Product Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Nancy A. Miller Vice President	McKesson Corporation One Post Street San Francisco, CA 94104
Margaret M. Pfau Vice President Administration and Finance	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
William A. Salmon Vice President Information Systems	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Thomas B. Wheat Vice President Business Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Dana T. Iapicca Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Claudia K. Newbold 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
Lincoln K. Walworth Assistant Treasurer	McKesson Corporation One Post Street San Francisco, CA 94104

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 2. NAME OF CORPORATION
85613 Healthcare Delivery Systems, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE
9700 N. 91st Street, Suite 232 Scottsdale AZ 85258-5036

4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC CODE
(602) 314-7000 Delaware 8099

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Specializes in applying the latest advances in healthcare information management technology to design innovative marketing, distribution and reimbursement programs for manufacturers of pharmaceuticals & biotechnology products.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME VICE PRESIDENT NAME
SEE ATTACHED OFFICERS' LIST

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

SECRETARY NAME TREASURER NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME DIRECTOR NAME
SEE ATTACHED DIRECTORS' LIST

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

DIRECTOR NAME DIRECTOR NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	Common	\$.01	100	Common	\$.01

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 3/29/96
Check No: 019234
By: MBSY/cp
For Secretary of State Use Only

Lorraine E. Peetz
Signature of Officer
Lorraine E. Peetz
Print or Type Name of Officer
Assistant Secretary 03/25/96
Title of Officer Date

HEALTHCARE DELIVERY SYSTEMS, INC.

Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
Patrick J. Connoy President	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Patrick A. Broderick Vice President	McKesson Corporation One Post Street San Francisco, CA 94104
Arthur Chong Vice President and Director	McKesson Corporation One Post Street San Francisco, CA 94104
Steve M. Hoffman Vice President Product Development	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Alan C. Hu Vice President Operations	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Nancy A. Miller Vice President, Secretary and Director	McKesson Corporation One Post Street San Francisco, CA 94104
Randall A. Perry Vice President Reimbursement and Pricing	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Margaret M. Pfau Vice President Administration and Finance	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
John S. Voris Vice President Information Systems	9700 N. 91st Street, Suite 232 Scottsdale, AZ 85260
Jon W. d'Alessio Treasurer	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. Pectz Assistant Secretary	McKesson Corporation One Post Street San Francisco, CA 94104
Alan M. Pearce Assistant Treasurer	McKesson Corporation One Post Street San Francisco, CA 94104
David L. Mahoney Director	McKesson Corporation One Post Street San Francisco, CA 94104