

Filing Fee: \$75.00

ID Number: 139194



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Matthew A. Brown

Corporations Division

100 North Main Street

Providence, Rhode Island 02903-1335

BUSINESS CORPORATION

**APPLICATION FOR
AMENDED CERTIFICATE OF AUTHORITY
(To Be Filed In Duplicate Original)**

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is WHP Health Initiatives, Inc.
2. It is incorporated under the laws of Illinois
3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island April 16, 2004, authorizing it to transact business in Rhode Island under the name of: WHP Health Initiatives, Inc.
4. The corporate name of the corporation has been changed to Walgreens Health Initiatives, Inc.

(If no change, so indicate.)

5. The name, if different, which it elects to use in Rhode Island is:
 - (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

 - (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application:

6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

(If no other or additional purposes are proposed, insert "No Change.")

No change

FILED

JAN 31 2005

By JPB

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7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "no change"):

| Total Number of Authorized Shares | Class | Series | Par Value or Statement that Shares are without Par Value |
|-----------------------------------|-------|--------|--|
| No change | | | |
| | | | |
| | | | |

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 106,000,000.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 42,000,000.
- (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage]
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Date: 01-26-2005

Walgreens Health Initiatives, Inc.

Print Exact Name of Corporation Making Application

By Nancy J. Godfrey Nancy J. Godfrey

☐ President or ☒ Vice President (check one)

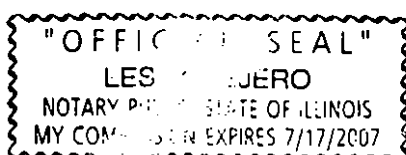
By E. H. King E. H. King

☒ Secretary or ☐ Assistant Secretary (check one)

STATE OF Illinois

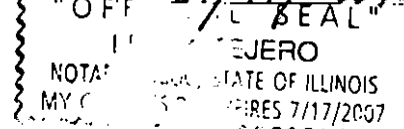
COUNTY OF Lake

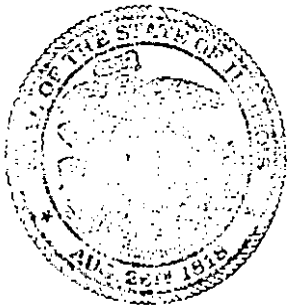
In Deerfield, IL on this 26th day of January, 2005, before me personally appeared E. H. King and Nancy J. Godfrey who, being duly sworn, declared that he/she is the Secretary and Vice Pres. respectively of the above-named entity and that he/she signed the foregoing document as such authorized agent, and that the statements herein contained are true.



Notary Public

My Commission Expires: 07/17/2007





STATE OF ILLINOIS
Office of the Secretary of State
I hereby certify that this is a true and
correct copy, consisting of Three
pages, as taken from the original on file in
this office.

Jesse White

JESSE WHITE
SECRETARY OF STATE

DATED: January 27, 2005

BY: James P. Lee

EXPEDITED
SECRETARY OF STATE

JAN 27 2005

EXP. FEES 50.00

COPY FEES 25.00