

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: SUBURBAN PHARMACY, INC.

Mailing Address: 242 PAWTUXET AVE

City, State Zip Country: WARWICK, RI 02888 USA

SECURED PARTY INFORMATION

Org. Name: MCKESSON CORPORATION

Mailing Address: 6555 STATE HIGHWAY 161

City, State Zip Country: IRVING, TX 75039 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3057 93918

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED AND WHETHER NOW OR HEREAFTER EXISTING AND WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OF EVERY KIND AND DESCRIPTION, TANGIBLE OR INTANGIBLE, INCLUDING WITHOUT LIMITATION ALL ACCESSIONS THERETO AND ALL PRODUCTS AND PROCEEDS THEREOF.