

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000070

**Entity Name:** CARDINAL HEALTH 411, INC.

**Current Principal Place of Business:**

7000 CARDINAL PLACE  
DUBLIN, OH 43017

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC5739156009**

**Current Mailing Address:**

7000 CARDINAL PLACE  
DUBLIN, OH 43017

**FEI Number: 31-1470544**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T/D  
Name SAMAD, SAM A  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title CFO  
Name HENDERSON, JEFFREY W  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title S  
Name FALK, STEPHEN T  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title AS  
Name RAWLINS, RYLAN  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title VPTX  
Name STAUFFER, MARK F  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title CEO  
Name KAUFMANN, MICHAEL  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title PRESIDENT  
Name GIACOMIN, JON  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK F. STAUFFER**

**VP, TAX**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date