

223417

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain origi.
date of submission 10/6

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
CORDIS CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	078
Estimated Charge	\$35.00

FILED
15 OCT -6 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

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Corporate Filing Menu

Help

10/7/2015 4:45:18 PM From: To: 8506176380(2/8)
850-817-8381 10/7/2015 9:11:05 AM PAGE 1/001 Fax Server



October 7, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORDIS CORPORATION
430 ROUTE 22
BRIDGEWATER, NJ 08807US

SUBJECT: CORDIS CORPORATION
REF: 223417

RE-SUBMIT

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date of submission. 10/8

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000239747
Letter Number: 915A00021178

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cordis Corporation

DOCUMENT NUMBER: 223417

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Touve

Name of Contact Person

Cordis Corporation

Firm/ Company

7000 Cardinal Place

Address

Dublin, OH 43017

City/ State and Zip Code

pam.foose@cardinalhealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Touve

nt (614) 553.3139

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of
Cordis Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

223417

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Attn: Pam Foose

7000 Cardinal Place

Dublin, OH 43017

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; Y = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SY as an Add.

Example:

☒ Change PT John Doe
☒ Remove Y Mike Jones
☒ Add SY Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change
☐ Add
☒ Remove

PD

Celine C. Martin

- 2) ☐ Change
☐ Add
☒ Remove

DVPAT

Gustavo Gala

- 3) ☐ Change
☐ Add
☒ Remove

DVPS

Matthew Orlando

- 4) ☐ Change
☐ Add
☒ Remove

T

Adam Laponis

- 5) ☐ Change
☒ Add
☐ Remove

D

Scott Zimmerman

7000 Cardinal Place

Dublin, OH 43017

- 6) ☐ Change
☒ Add
☐ Remove

CEO

Donald Casey

7000 Cardinal Place

Dublin, OH 43017

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>CFO</u>	<u>Michael C. Kaufmann</u>	<u>7000 Cardinal Place</u>
<input checked="" type="checkbox"/> Add			<u>Dublin, OH 43017</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Sam Samad</u>	<u>7000 Cardinal Place</u>
<input checked="" type="checkbox"/> Add			<u>Dublin, OH 43017</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>Craig S. Morford</u>	<u>7000 Cardinal Place</u>
<input checked="" type="checkbox"/> Add			<u>Dublin, OH 43017</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Blair Williams</u>	<u>7000 Cardinal Place</u>
<input checked="" type="checkbox"/> Add			<u>Dublin, OH 43017</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VP</u>	<u>M. Scott Hunter</u>	<u>7000 Cardinal Place</u>
<input checked="" type="checkbox"/> Add			<u>Dublin, OH 43017</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>AS</u>	<u>Patricio Garavito</u>	<u>7000 Cardinal Place</u>
<input checked="" type="checkbox"/> Add			<u>Dublin, OH 43017</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Article III being titled "Capital Stock" shall be amended and restated as follows:

The maximum number of shares of common stock that the Corporation is authorized to issue and have outstanding is Fifty Million (50,000,000) Shares at par value of \$1.00 per share. All shares of stock shall be of one class and shall be of common shares.

Articles VII and VIII shall be removed in their entirety.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 5, 2015

Signature

[Signature]
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Scott Zimmerman

(Typed or printed name of person signing)

Sole Director

(Title of person signing)