857318



ACCOUNT NO.

: 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 10, 2001

ORDER TIME : 11:24 AM

ORDER NO. : 145866-040

000004218130--5

CUSTOMER NO: 4391033

CUSTOMER: Ms. Tina M. Kilgore

Cardinal Health, Inc. 7000 Cardinal Place

Dublin, OH 43017

CHANGE OF AGENT

NAME:

BINDLEY WESTERN INDUSTRIES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Indianapolis
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1 The name of the corporation: BINDLEY WESTERN INDUSTRIES. THE
1. The name of the corporation: BINDLEY WESTERN INDUSTRIES, INC.
2. The mailing address of the corporation:
3. Date of incorporation/qualification: August 04, 1983 Document number: 857318
4. The name and address of the current registered agent and office:
Gary Laporte SS≒ - C
The second secon
2600 Titan Row Orlando, FL 32809 Orlando, FL 32809
Orlando, FL 32809 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its hoard of directors or by an officer or
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
, (
Glenn L. Martin, Vice President - Taxes (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Carol K. Dolor Assistant Vice President (Typed or Printed Name) (Capacity)
(Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)