

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857318

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: CARDINAL HEALTH 100, INC.

## Current Principal Place of Business:

4212 W. 71ST ST  
INDIANAPOLIS, IN 46268

## New Principal Place of Business:

7000 CARDINAL PLACE  
DUBLIN, OH 43017

## Current Mailing Address:

7000 CARDINAL PL.  
DUBLIN, OH 43017

## New Mailing Address:

FEI Number: 84-0601662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TROUP, GORDON A  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

Title: V ( ) Delete  
Name: MARTIN, GLENN L  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

Title: EVP ( ) Delete  
Name: BURKS, KEITH W  
Address: 8909 PURDUE RD  
City-St-Zip: INDIANAPOLIS, IN 46268

Title: SVPT ( ) Delete  
Name: BRANDIN, DONNA  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

Title: D ( ) Delete  
Name: MILLER, RICHARD J  
Address: 7000 CARDINAL PL..  
City-St-Zip: DUBLIN, OH 43017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARRISH, MARK W  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

Title: VP (X) Change ( ) Addition  
Name: NELSON, MICHAEL R  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

Title: S (X) Change ( ) Addition  
Name: WILLIAMS, PAUL S  
Address: 7000 CARDINAL PLACE  
City-St-Zip: DUBLIN, OH 43017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL R. NELSON

VP

04/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date