

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857318

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** CARDINAL HEALTH 100, INC.

**Current Principal Place of Business:**

7000 CARDINAL PLACE  
DUBLIN, OH 43017

**New Principal Place of Business:**

**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KAUFMANN, MICHAEL C  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

Title: VPTX  
Name: BYRNES, JOHN J  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

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

Title: T/D  
Name: SAMAD, SAMER A  
Address: 7000 CARDINAL PL.  
City-St-Zip: DUBLIN, OH 43017

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

Title: AS  
Name: RAWLINS, RYLAN  
Address: 7000 CARDINAL PLACE  
City-St-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: JOHN J. BYRNES

VPTX

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date