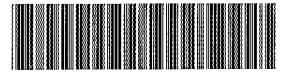
## F00000001918

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ACCOUNT NO. : 072100000032

REFERENCE: 193475

4391033

AUTHORIZATION

atricia quito

COST LIMIT : \$ 35.00

ORDER DATE: August 4, 2003

ORDER TIME : 9:31 AM

ORDER NO. : 193475-005

CUSTOMER NO: 4391033

CUSTOMER: Ms. Tina M. Kilgore

Cardinal Health, Inc. 7000 Cardinal Place

Dublin, OH 43017

## CHANGE OF AGENT

NAME: CMI NET, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to th	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement	of change is submitted for a corporation organized under the laws of the State of
Delaware	in order to change its registered office or registered agent, or both sin the State
of Florida.	
1. The name o	of the corporation: CMI NET, INC.
2. The principa	al office address:
6464 Canog	ga Avenue, Woodland Hills, CA 91367
3. The mailing	g address (if different):
4. Date of inco	orporation/qualification: 04/06/2000 Document number: F00000001918 -
	nd street address of the current registered agent and registered office on file with the partment of State:
	NRAI Services, Inc.
	526 East Park Avenue
	Tallahassee, Fl 32301
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered office (if
-	Corporation Service Company
	1201 Hays Street. (P.O. Box or personal mailbox NOT acceptable)
	Tallahassee, FL 32301
The street add agent, as chan	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Stephen T. Falk. Assistant Secretary (Printed or typed name and tide)
performance of registered age	of the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as one.  Or, if this document is being filed merely to reflect a change in the registered in the registered of this change.
Shu	(Signature of Refisitered Agent) (Date)
If signing on beha	
Sylvia Quepps	
	(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*