

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

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CORPORATION REINSTATEMENT
KINRAY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

RE-SUBMIT
Please retain original filing
date of submission 11/21

FILED

11 NOV 21 PM 3:38

DATE: 10-10-81
TIME: 10:00 PM

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

King, Inc.

152-35 10th Avenue

Suita, Apl. #, etc.

Whitestone, NY

11357

Country

Name _____

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Size, Apt. #, Etc.

Служба

Plantation

State

FI

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Signature of Registered Agent Joyce Gilbert Joyce Gilbert, Asst. Secretary

REGISTERED AGENT MUST SIGN

Date 11-21-11

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Please see attached schedule.

70. E-mail Address: penny.green@cardinalhealth.com

(To be used for future annual report publications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate and my signature shall have the same legal effect as a legally attested one. I am attaching this information submitted in a document to the Department of State constituting a third deponent testimony as provided for in § 617.156, F.S.

SIGNATURE:

RYLAN C. RAWLINS, A.
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1241

Ընդհանուր թիվը:

614-757-5470

11/22
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**KINRAY, INC.
OFFICERS**

Titles	Name of Officer and/or Director	Street Address	City/State/Zip
AS	Adams Jr., John M.	7000 Cardinal Place	Dublin, OH 43017
AS	Bennett, Jeff	7000 Cardinal Place	Dublin, OH 43017
AS	Rawlins, Rylan O.	7000 Cardinal Place	Dublin, OH 43017
CEO	Kaufmann, Michael C.	7000 Cardinal Place	Dublin, OH 43017
CFO	Henderson, Jeffrey W.	7000 Cardinal Place	Dublin, OH 43017
CLCO	Morford, Craig S.	7000 Cardinal Place	Dublin, OH 43017
EVP	Blake, Mark R.	7000 Cardinal Place	Dublin, OH 43017
EVP / GC / S	Falk, Stephen T.	7000 Cardinal Place	Dublin, OH 43017
P	Giacomini, Jon	7000 Cardinal Place	Dublin, OH 43017
SVP	Worth, Brian	7000 Cardinal Place	Dublin, OH 43017
SVP/GM	Bodinger, William	152-35 10 th Avenue	Whitestone, NY 11357
D/SVP/T	Gomez, Jorge M.	7000 Cardinal Place	Dublin, OH 43017
VP/CFO	Hirsch, Howard	152-35 10 th Avenue	Whitestone, NY 11357
VP	Hastings, Warren B.	7000 Cardinal Place	Dublin, OH 43017
VP	Williams, Blair	7000 Cardinal Place	Dublin, OH 43017
VP	Reardon, Stephen J.	7000 Cardinal Place	Dublin, OH 43017
VP	Byrnes, John	7000 Cardinal Place	Dublin, OH 43017