

ACCOUNT NO. 072100000032

045641 REFERENCE

4391033

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: November 30, 1998

ORDER TIME: 10:34 AM

ORDER NO. : 045641-010

CUSTOMER NO: 4391033

CUSTOMER: Ms. Elaine Natsis

Cardinal Health, Inc. 5555 Glendon Court

Dublin, OH 43016

CHANGE OF AGENT

NAME: R.P. SCHERER CORPORATION

300002737873--3

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Christopher Smith

DIVISION OF CORPORATION

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the	
1. The name of the corporation is: R. P. Scherer Corporation	
2. The mailing address of the corporation is: 2301 w. Big Beaver, Suite 700, Troy, Michigan 4808	
3. Date of incorporation/qualification: 7/13/95	Document number: F95000003355
4. The name and address of the current registered agent	and office:
CT Corporation System	
1200 South Pine Island Road	
Plantation, Florida 33324	
5. The name and address of the new registered agent an	id office: (P. O. Box Not Acceptable)
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the streagent, as changed, will be identical.	eet address of the business office of its registered
Such change was authorized by resolution duly adop authorized by the board.	ted by its board of directors or by an officer so
(Lund	1-6-88
(Signature of an officer, chairman or vice chairman of the bo	ard) (Date)
Glenn L. Martin, Vice President-Taxes	1/6/99
(Printed or typed name and title)	(Date)
Having been named as registered agent and to accept corporation, I hereby accept the appointment as registered agree to comply with the provisions of all st performance of my duties, and I am familiar with an engistered agent.	istered agent and agree to act in this capacity. tatutes relative to the proper and complete
Carol K Dolon	1/11/99
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Carol K Dolor, 🔯 📆 🗓	Authorized Representative
(Typed or PrintedName)	(Capacity)
CR2E045(3/96)	