

ACCOUNT NO. : 072100000032

REFERENCE : 8

896651

.4391033

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE: July 20, 1998

ORDER TIME : 9:51 AM

ORDER NO. : 896651-005

CUSTOMER NO: 4391033

CUSTOMER: Ms. Tina M. Kilgore

Cardinal Health, Inc. 5555 Glendon Court

Dublin, OH 43016

800002593908--5

### FOREIGN FILINGS

NAME:

NATIONAL SPECIALTY SERVICES,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Turner

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. National Specialty S	ervices, Inc.			
(Name of corporation; must include the v	vord "INCORPORATED	", "COMPANY", "CORPOR	ATION" or words or	
abbreviations of like import in language a or partnership if not so contained in the r	s will clearly indicate the	nat it is a corporation instea	d of a natural person	
or particising it not so contained in the i	iame at present.			
2. Tennessee (State or country under the law of which	3.	31-1341167 (FEI number, if applicable)		
(State or country under the law of which	it is incorporated)	(FEI number, if applicable)		
4. 12/4/91 (Date of Incorporation)	5. perpetual	l Year corp. will cease to exis		
(Date of Incorporation)	(Duration: \	ear corp. will cease to exis	it or "perpetual")	
0 7,17, 1 1000				
6. July 1, 1998 (Date first transacted business in Florida.	(See sections 607 150	01 607 1602 and 817 16	5 661	
(Date inst transacted business in Florida.	isee sections our. Fac	71, 607.1902, and 817.19	. , , , , , , , , , , , , , , , , , , ,	
5555 Glendon Court			8 Ē,	
/·			<del></del>	
Dublin, Ohio 43016				
Dublin, Onto 45010			<u>~ ~ ₹</u> ¬	
	(Current mailing ad	dress)	~ ~ — ~ — ~ — ~ — ~ — ~ — ~ — ~ — ~ — ~	
8.			<u>≅</u> 36	
Specialty distribution of			<u> </u>	
(Purpose(s) of corporation authorized	in nome state or coun	try to be carried out in the	state of Florida)	
<del>o</del> <u>i</u> m				
9. Name and street address of Florid	a registered agent:	(P.O. Box or Mail Drop		
acceptable)	•	-		
acceptable)	a registered agent: oration Service Compan	-		
acceptable) Name: Corp	oration Service Compan	-		
acceptable)	•	-		
acceptable) Name: Corp	oration Service Compan	y	Box <b>NOT</b> .	
acceptable) Name: Corp	oration Service Compan	-	Box <b>NOT</b> .	
acceptable) Name: Corp	ooration Service Compan	y	Box <b>NOT</b> .	
acceptable) Name: Corp	ooration Service Compan	y	Box <b>NOT</b> .	
acceptable) Name: Corp	oration Service Compan 1201 Hays Street Tallahassee	y	Box <b>NOT</b> .	
Acceptable)  Name: Corp Office Address:  10. Registered agent's acceptance	201 Hays Street Tallahassee	y , Florida,	32301 (Zip Code)	
Name: Corp  Office Address:  10. Registered agent's acceptance  Having been named as registered agentals	Tallahassee e: gent and to accept	, Florida,	32301 (Zip Code)  or the above stated	
Name: Corp  Office Address:  10. Registered agent's acceptance  Having been named as registered a corporation at the place designates	Tallahassee  e:  gent and to accepted in this application	, Florida, , Florida, t service of process fo on, I hereby accept ti	32301 (Zip Code)  or the above stated the appointment as	
Name: Corp  Office Address:  10. Registered agent's acceptance Having been named as registered a corporation at the place designate registered agent and agree to act in	Tallahassee  e:  gent and to accept d in this application this capacity. I furth	, Florida, , Florida, t service of process fo on, I hereby accept to ther agree to comply wi	32301 (Zip Code)  or the above stated the appointment as th the provisions of	
Office Address:  Office Address:  10. Registered agent's acceptance Having been named as registered a corporation at the place designated registered agent and agree to act in all statutes relative to the proper and	Tallahassee  e: gent and to accept d in this application this capacity. I furting the complete perform	, Florida, , Florida, t service of process fo on, I hereby accept to her agree to comply wi her agree to duties, and	32301 (Zip Code)  or the above stated the appointment as th the provisions of	
Office Address:  Office Address:  10. Registered agent's acceptance Having been named as registered as corporation at the place designated registered agent and agree to act in all statutes relative to the proper and and accept the obligations of my possible.	Tallahassee  e: gent and to accept d in this application this capacity. I furtid complete performation as registered as	, Florida, , Florida, t service of process fo on, I hereby accept to her agree to comply wi her agree to duties, and	32301 (Zip Code)  or the above stated the appointment as th the provisions of	
Office Address:  Office Address:  10. Registered agent's acceptance Having been named as registered a corporation at the place designated registered agent and agree to act in all statutes relative to the proper and	Tallahassee  e: gent and to accept d in this application this capacity. I furtid complete performation as registered as	, Florida, , Florida, t service of process fo on, I hereby accept to her agree to comply wi her agree to duties, and	32301 (Zip Code)  or the above stated the appointment as th the provisions of	
Office Address:  Office Address:  10. Registered agent's acceptance Having been named as registered as corporation at the place designated registered agent and agree to act in all statutes relative to the proper and and accept the obligations of my possible.	Tallahassee  e: gent and to accept d in this application this capacity. I furtid complete performation as registered as	, Florida, , Florida, t service of process fo on, I hereby accept to her agree to comply wi her agree to duties, and	32301 (Zip Code)  or the above stated the appointment as th the provisions of	
Name: Composition of my positions of my positions accept the obligations of my positions are corporation. Service By:	Tallahassee  e: gent and to accept d in this application this capacity. I furtid complete performation as registered as	, Florida, , Florida, t service of process fo on, I hereby accept to her agree to comply wi her agree to duties, and	32301 (Zip Code)  or the above stated the appointment as th the provisions of	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P.O. Box NOT acceptable) A. DIRECTORS (Street address only- P.O. Box NOT acceptable) Please see Exhibit A attached. Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P.O. Box NOT acceptable) President: Please see Exhibit A attached. Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (\$ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

Glenn L. Martin, Vice President-Taxes

## EXHIBIT A

# National Specialty Services, Inc. <u>List of Officers and Directors</u>

Name	Office	Address
Robert D. Walter	Chairman	5555 Glendon Court Dublin, Ohio 43016
John C. Kane	Vice Chairman and Director	same as above
Lisa M. Dolin	President	same as above
David Bearman	Executive Vice President - Finance	same as above
George H. Bennett, Jr.	Executive Vice President, General Counsel and Secretary	same as above
Connie R. Woodburn	Executive Vice President - Corporate Sales	same as above
Carole W. Tomko	Senior Vice President - Human Resources	same as above
Michael Proulx	Vice President - Operations	same as above
Richard J. Miller	Vice President - Controller and Assistant Secretary	same as above
Stephanie A. Wagoner	Vice President and Treasurer	same as above
Glenn L. Martin	Vice President - Taxes	same as above
Harry J. Travis	Vice President - General Manager	556 Metro Plex Drive Nashville, TN 37211

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Secretary of State **Corporations Section** James K. Polk Building, Suite 1800 Nashville, Tennessee 37243-0306

ISSUANCE DATE: 07/20/1998
REQUEST NUMBER: 98201127
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/04/1991 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0247428 JURISDICTION: TENNESSEE

THE SEARCH IS ON PO BOX 120598 NASHVILLE, TN 3 7212 REQUESTED BY: THE SEARCH IS ON PO BOX 120598

NASHVILLE, TN 37212

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "NATIONAL SPECIALTY SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/20/98

FROM: TSIO (BOX 120598) P. O. BOX 120598

NASHVILLE, TN 37212-0000

RECEIVED: \$160.00 \$0.00

TOTAL PAYMENT RECEIVED:

\$160.00

RECEIPT NUMBER: 00002339461 ACCOUNT NUMBER: 00000499



RILEY C. DARNELL SECRETARY OF STATE