

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004280

1. Entity Name

CARDINAL HEALTH STAFFING NETWORK, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90371 039 ***150.00

Principal Place of Business

Mailing Address

7000 CARDINAL PLACE
DUBLIN OH 43017

7000 CARDINAL PLACE
DUBLIN OH 43017

00015011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-1650044

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT D	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KANE, JOHN C	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BENNETT, STEVEN A	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD J	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WHITE, KATHY B	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCWHINNEY, BRUCE D	
STREET ADDRESS	7000 CARDINAL PLACE	
CITY-ST-ZIP	DUBLIN OH 43017	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, Glenn L.	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Richard J.	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Glenn L. Martin

1-15-01

614-757-5200

W 7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #