

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000045

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** CAREFUSION RESOURCES, LLC

**Current Principal Place of Business:**

3750 TORREY VIEW COURT  
SAN DIEGO, CA 92130

**New Principal Place of Business:**

**Current Mailing Address:**

1500 WAUKEGAN ROAD, WM-1W  
WAUKEGAN, IL 60085

**New Mailing Address:**

3750 TORREY VIEW COURT  
SAN DIEGO, CA 92130

**FEI Number:** 20-5247993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMGR  
Name: CAREFUSION SOLUTIONS, INC.  
Address: 3750 TORREY VIEW COURT  
City-St-Zip: SAN DIEGO, CA 92130

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUDITH LEMKE

MMGR

03/11/2011

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date