FILED 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P10831 DOCUMENT # 05-01-2003 90766 043 ***150.00 1. Entity Name SYNCOR INTERNATIONAL CORPORATION Mailing Address Principal Place of Business 6464 CANOGA AVE 6464 CANOGA AVE

May 01, 2003 8:00 am Secretary of State

WOODLAND HILLS CA 91367			WOO	WOODLAND HILLS CA 91367									
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2 Principal F	Place of Busin	000	2 Mai	Jailion Address				ļ					
2. Principal Place of Business				3. Mailing Address 7000 Cardinal Place									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4 FEI	Number or 0000404		IAn	plied For	
only a state				Dublin, OHIO				4. 1 [85-0229124		<u> </u>	t Applicable	
Zip		Country	Zip	•			ntry LSA		tificate of Status Desired		\$8.75 Add ee Required		
6. Name and Address of Current Registered Agent									7. Name and Address of New Registered Agent				
						Name							
NRAI SER	MICES, INC		Street Address (F			BO Boy	Number is Not Acceptable)						
526 EAST PARK AVENUE				Sileet Address (F.O. DOX	Number is Not Acceptable)					
TALLAHASSEE FL 32301							-						
					City	y 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. I am familiar with, and accept the obligations of registered agent.													
ino obligations of registrood agent.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Finance	cing	\$5.0	May Be	
Make Check							Trust Fund Contribution.		Added	to Fees			
10. OFFICERS AND E				IRECTORS 11.				ADDI	TIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	3 IN 11	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William FOR DE DE DIMICHA C R. Nelson, UP, 4/28/03, 614-757-5000