

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 857318

**Entity Name:** CARDINAL HEALTH 100, INC.

**Current Principal Place of Business:**

7000 CARDINAL PLACE  
DUBLIN, OH 43017

**Current Mailing Address:**

7000 CARDINAL PL.  
DUBLIN, OH 43017

**FEI Number:** 84-0601662

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title VP, TREASURER, DIRECTOR  
Name ZIMMERMAN, SCOTT  
Address 7000 CARDINAL PL.  
City-State-Zip: DUBLIN OH 43017

Title PRESIDENT  
Name TIFFANY, OLSON  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title VP  
Name ROBINSON, WAYNE  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title SECRETARY  
Name GARAVITO, PATRICIO  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title CFO  
Name BUTTERFIELD, STACY  
Address 7000 CARDINAL PLACE  
City-State-Zip: DUBLIN OH 43017

Title CEO  
Name CRAWFORD, VICTOR  
Address 7000 CARDINAL PL.  
City-State-Zip: DUBLIN OH 43017

Title ASST. SECRETARY  
Name VAUGHN, LAURA  
Address 7000 CARDINAL PL.  
City-State-Zip: DUBLIN OH 43017

Title ASST. TREASURER  
Name ZINK, ERIC  
Address 7000 CARDINAL PL.  
City-State-Zip: DUBLIN OH 43017

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WAYNE ROBINSON

**VICE PRESIDENT**

**04/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date