

# UCC-3 Form - CONTINUATION

*Original File Number:* **200502169290**

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## **FILER INFORMATION**

*Full name:* **CORPORATION SERVICE COMPANY**

*Email Contact at Filer:* **UCCV3FULFILLMENTDEV@CSCGLOBAL.COM**

## **SEND ACKNOWLEDGEMENT TO**

*Contact name:* **CORPORATION SERVICE COMPANY**

*Mailing Address:* **801 ADLAI STEVENSON DRIVE**

*City, State Zip Country:* **SPRINGFIELD, IL 62703 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CARDINAL HEALTH 200, INC.**

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**CUSTOMER REFERENCE: DETOR: 1518 85197**

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