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| No. W 71970 | | Due no later than Mar 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DST HEALTH SOLUTIONS, LLC VALDA LAKE 333 WEST 11TH ST 5TH FL KANSAS CITY MO 64105 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MEMBER | DST HEALTHCARE HOLDINGS, INC. | 333 WEST 11TH ST 5TH FL | KANSAS CITY | MO | USA 64105 |
| 5. Organized Under the Laws of: DE W 71970 | | 6. Annual Report must be signed.* Signature: Gregg Wm. Givens Name (type or print): Gregg Wm. Givens Date: 03/11/2014 Title: V-Pres & Treasurer | | | |
| Processed 03/11/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |