No. C 144486		Due no later than Jun 30, 2011		2. Registered Ager	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CT CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MEDCO HEALTH SOLUTIONS, INC. 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417		1111 W JEFFERSON STE 530 BOISE ID 83702 USA				
NO FILING FEE IF RECEIVED BY DUE DATE		USA		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Ent	er Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MICHAEL GO	OLDSTEIN	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
DIRECTOR	JOHN L. CA	SSIS	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
PRESIDENT	KENNETH O.	KLEPPER	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
SECRETARY	THOMAS M	MORIARTY	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
DIRECTOR	MYRTLE POT	TTER	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
DIRECTOR	DAVID B. SNOW		100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
DIRECTOR	DAVID D. STEVENS		100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
TREASURER	PETER GAYL	.ORD	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417	
5. Organized Under the Laws of:		6. Annual Report						
DE		Signature: Michelle Donato			Date: 04/25/2011			
C 144486		Name (type or print): Michelle Donato		Title: Poa				
Processed 04/25/20	11	* Electronically pro	ovided signatures are accepted as original	signatures.			·	