

No. C 144486		Due no later than Jun 30, 2009		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. MEDCO HEALTH SOLUTIONS, INC. ALISA A WISSE F3-16 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BLEND A J WILSON	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	MICHAEL GOLDSTEIN	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	DAVID D STEVENS	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	DAVID B SNOW	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	JOHN L CASSIS	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
PRESIDENT	DAVID B SNOW	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
SECRETARY	THOMAS M MORIARTY	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
5. Organized Under the Laws of: DE C 144486		6. Annual Report must be signed.* Signature: Jane Louis Name (type or print): Jane Louis Date: 05/10/2009 Title: Power of Attorney				
Processed 05/10/2009		* Electronically provided signatures are accepted as original signatures.				