No. C 193476		Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDIWARE/SYNERGY HUMAN & SOCIAL SERVICES, INC. 750 WARRENVILLE RD STE 301 LISLE IL 60532		2. Registered A	2. Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				12550 W EX BOISE ID				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	ROBERT WA		11711 WEST 79TH STREET	LENEXA	KS	USA	62214	
PRESIDENT	BILL MILLER		750 WARRENVILLE RD STE 301	LISLE	IL	USA	60532	
DIRECTOR	BILL MILLER		750 WARRENVILLE RD STE 301	LISLE	IL	USA	60532	
SECRETARY	ROBERT C.	WEBER	11711 WEST 79TH STREET	LENEXA	KS	USA	62214	
VICE PRESIDENT	ROBERT C.	WEBER	11711 WEST 79TH STREET	LENEXA	KS	USA	62214	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
VT		Signature: ROBER		Date: 01/05/2018				
C 193476		Name (type or prir		Title: SECRETARY				
Processed 01/05/2018		* Electronically provid	ed signatures are accepted as original si	ignatures.				