

No. C 203270		Due no later than Aug 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. HEALTH MANAGEMENT SYSTEMS, INC. 360 PARK AVENUE SOUTH 17TH FLOOR NEW YORK NY 10010		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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
PRESIDENT	WILLIAM C. LUCIA	360 PARK AVENUE SOUTH 17TH FLOOR	NEW YORK	NY	USA	10010
SECRETARY	EUGENE V. DEFELICE	360 PARK AVENUE SOUTH 17TH FLOOR	NEW YORK	NY	USA	10010
TREASURER	JEFFREY S. SHERMAN	360 PARK AVENUE SOUTH 17TH FLOOR	NEW YORK	NY	USA	10010
DIRECTOR	WILLIAM C. LUCIA	360 PARK AVENUE SOUTH 17TH FLOOR	NEW YORK	NY	USA	10010
DIRECTOR	EUGENE V. DEFELICE	360 PARK AVENUE SOUTH 17TH FLOOR	NEW YORK	NY	USA	10010
5. Organized Under the Laws of: NY C 203270		6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato Date: 07/15/2015 Title: POA				
Processed 07/15/2015		* Electronically provided signatures are accepted as original signatures.				