| No. C 154031 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due no later than Apr 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDINSIGHTS, INC. LISA A COYNE TWO PIERCE PLACE ITASCA IL 60143 USA | | 2. R | Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA 3. New Registered Agent Signature:* | | | |
|--|---|--|--------------------------------------|--------------|---|-------|---------|-------------|
| | | | | 1: B | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of Preside | ent, Secretary, and Directors. Treas | surer (optic | nal). | | | |
| Office Held | Name | | Street or PO Address | Cit | У | State | Country | Postal Code |
| PRESIDENT | RESIDENT SCOTT R H | | TWO PIERCE PLACE | ПА | ASCA | IL | USA | 60143 |
| DIRECTOR WALTER D | | BAY TWO PIERCE PLACE | | ITA | ASCA | IL | USA | 60143 |
| TREASURER JACK H LAZ | | ZARO | TWO PIERCE PLACE | ITA | ASCA | IL | USA | 60143 |
| SECRETARY | APRIL HANE | S-DOWD | TWO PIERCE PLACE | ITA | ASCA | IL | USA | 60143 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| DE C 154031 | | Signature: Lisa A Coyne | | | Date: 04/22/2013 | | | |
| | | Name (type or print): Lisa A Coyne | | | Title: Authorized Person | | | |
| Processed 04/22/2013 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |