No. C 185633		Due no later than Dec 31, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		The second secon	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GLOBAL HEALTHCARE EXCHANGE, INC. 1315 W CENTURY DR. LOUISVILLE CO 80027-9560 USA		BOISE ID 8: USA	921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ROB GILLESPIE		1315 W CENTURY DR.	LOUISVILLE	CO	USA	80027-9560	
TREASURER	ROB GILLESI		1315 W CENTURY DR.	LOUISVILLE	CO	USA	80027-9560	
DIRECTOR			1315 W CENTURY DR.	LOUISVILLE	CO	USA	80027-9560	
VICE PRESIDENT	CHRISTOPHER MCMANUS		1315 W CENTURY DR.	LOUISVILLE	CO	USA	80027-9560	
SECRETARY	CHRISTOPHER MCMANUS		1315 W CENTURY DR.	LOUISVILLE	CO	USA	80027-9560	
PRESIDENT	BRUCE JOHN	ISON	1315 W CENTURY DR.	LOUISVILLE	СО	USA	80027-9560	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Dareth Jeffers			Date: 11/04/2013			
C 185633		Name (type or p		Title: Poa				
Processed 11/04/2013 * Electronically provided signatures are accepted as original signatures.								