

No. C 144486		Due no later than Jun 30, 2010		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. 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
TREASURER	PETER GAYLORD	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	JOHN L CASSIS	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
PRESIDENT	MICHAEL A JAMES	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
SECRETARY	THOMAS M MORIARTY	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	MYRTLE POTTER	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	DAVID B SNOW	100 PARSONS POND DRIVE	FRANKLIN LAKES	NJ	USA	07417
DIRECTOR	DAVID D STEVENS	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: Michelle Donato Name (type or print): Michelle Donato Date: 05/08/2010 Title: Poa				
Processed 05/08/2010		* Electronically provided signatures are accepted as original signatures.				