| No. C 186785  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, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  DST PHARMACY SOLUTIONS, INC.  VAL LAKE  333 W 11TH ST 5TH FL  KANSAS CITY MO 64105 |   | 2. Registered Ag   | Registered Agent and Address (NO PO BOX)  C T CORPORATION SYSTEM     921 S ORCHARD ST STE G     BOISE ID 83705  3. New Registered Agent Signature:* |                          |                                  |  |
|--|---|---|---|--|---|--------------------------|----------------------------------|--|
|  |   |   |   | 921 S ORCHAI<br>BOISE ID 83                              |   |                          |                                  |  |
| 4. Corporations: Enter N   | lames and Busin                               | ess Addresses of F  | President, Secretary, and Directors. Treas  | urer (optional).   |   |                          |                                  |  |
| Office Held  | Name  |   | Street or PO Address  | City   | State   | Country                  | Postal Code                      |  |
| DIRECTOR<br>SECRETARY<br>TREASURER<br>PRESIDENT  | TARY RANDALL D YOUNG<br>URER GREGG WM. GIVENS |   | 333 W 11TH ST 5TH FL<br>333 W 11TH ST 5TH FL<br>333 W. 11TH ST 5TH FL<br>1300 WASHINGTON ST | KANSAS CITY<br>KANSAS CITY<br>KANSAS CITY<br>KANSAS CITY | MO<br>MO<br>MO<br>MO  | USA<br>USA<br>USA<br>USA | 64105<br>64105<br>64105<br>64105 |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*   |   |  |   |                          |                                  |  |
| DE<br>C 186785   |   | Signature: Gre  |   | Date: 03/20/2018   |   |                          |                                  |  |
|  |   | Name (type or print): Gregg Wm. Givens  |   |  | Title: Treasurer  |                          |                                  |  |
| Processed 03/20/2018 * Electronically provided signatures are accepted as original signatures.   |   |   |   |  |   |                          |                                  |  |