

No. C 156713		Due no later than Oct 31, 2014		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. HEALTH NET PHARMACEUTICAL SERVICES LEIGHTON FLEENOR 21650 OXNARD STREET WOODLAND HILLS CA 91423		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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
DIRECTOR	JAMES WOYS	21650 OXNARD ST.	WOODLAND HILLS	CA	USA	91367
DIRECTOR	JOHN SIVORI	21650 OXNARD ST	WOODLAND HILLS	CA	USA	91367
DIRECTOR	KEITH KRINGLE	10834 INTERNATIONAL DR	RANCHO CORDOVA	CA	USA	95670
TREASURER	JOSEPH C. CAPEZZA	10834 INTERNATIONAL DR #200	RANCHO CORDIVA	CA	USA	95670
PRESIDENT	JOHN SIVORI	21650 OXNARD ST	WOODLAND HILLS	CA	USA	91367
SECRETARY	PLAKSIN KATHY	21650 OXNARD ST	WOODLAND HILLS	CA	USA	91367
5. Organized Under the Laws of: CA C 156713		6. Annual Report must be signed.* Signature: Kathy Plaksin Name (type or print): Kathy Plaksin Date: 08/18/2014 Title: Secretary				
Processed 08/18/2014		* Electronically provided signatures are accepted as original signatures.				