

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003266

FILED  
Apr 09, 2010  
Secretary of State

Entity Name: MEDCO HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

100 PARSONS POND DRIVE  
FRANKLIN LAKES, NJ 07417

**New Principal Place of Business:**

**Current Mailing Address:**

100 PARSONS POND DRIVE  
FRANKLIN LAKES, NJ 07417

**New Mailing Address:**

FEI Number: 22-3461740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEARS, CRAIG W  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: VP  
Name: ADLER, STEVEN  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: T  
Name: GAYLORD, PETER  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: S  
Name: MORIARTY, THOMAS M  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: DIR  
Name: CASSIS, JOHN L  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: DIR  
Name: POTTER, MYRTLE  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE DONATO

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

POA

04/09/2010

\_\_\_\_\_ Date