

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003266

FILED
Apr 03, 2012
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:

100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417 US

Current Mailing Address:

100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

New Mailing Address:

100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417 US

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

OFFICERS AND DIRECTORS:

Title: P
Name: JAMES, MICHAEL A P
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417 US

Title: SEC
Name: MARINO, LORI B SEC
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417 US

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

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

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

POA

04/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date