2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003266

Entity Name: MEDCO HEALTH SOLUTIONS, INC.

Current Principal Place of Business:

ONE EXPRESS WAY SAINT LOUIS. MO 63121

Current Mailing Address:

ONE EXPRESS WAY

SAINT LOUIS. MO 63121 US

FEI Number: 22-3461740 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

FILED Apr 30, 2021

Secretary of State

5708576828CC

Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT** JILL, STADELMAN Name Name AMY, BRICKER ONE EXPRESS WAY ONE EXPRESS WAY Address Address City-State-Zip: SAINT LOUIS MO 63121 SAINT LOUIS MO 63121 City-State-Zip:

VΡ Title Title TREASURER, VP

Name MIMLITZ, JOHN Name LAMBERT, SCOTT Address ONE EXPRESS WAY Address ONE EXPRESS WAY SAINT LOUIS MO 63121 City-State-Zip:

Title VΡ Title VP, DIRECTOR

Name AWASTHI, SANJIV PHILLIPS, BRADLEY Name Address ONE EXPRESS WAY ONE EXPRESS WAY Address SAINT LOUIS MO 63121

City-State-Zip:

SAINT LOUIS MO 63121

Title

City-State-Zip:

MORRIS, MATTHEW Name ONE EXPRESS WAY Address SAINT LOUIS MO 63121 City-State-Zip:

City-State-Zip: SAINT LOUIS MO 63121

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.

04/30/2021 SIGNATURE: SCOTT LAMBERT TREASURER

Electronic Signature of Signing Officer/Director Detail

Date