

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004727

FILED
Apr 12, 2010
Secretary of State

Entity Name: PEROT SYSTEMS REVENUE CYCLE SOLUTIONS, INC.

Current Principal Place of Business:

101 CUMBERLAND
MADISON, TN 37115

New Principal Place of Business:

Current Mailing Address:

101 CUMBERLAND
MADISON, TN 37115

New Mailing Address:

FEI Number: 75-2945322 **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: PRES
Name: OLIVIER, TIMOTHY PRES
Address: 101 CUMBERLAND
City-St-Zip: MADISON, TN 37115

Title: VPS
Name: WILLIAMS, THOMAS D VPSEC
Address: 101 CUMBERLAND
City-St-Zip: MADISON, TN 37115

Title: TREA
Name: WHITMER, ELIZABETH TREAS
Address: 101 CUMBERLAND
City-St-Zip: MADISON, TN 37115

Title: ATRE
Name: POLLAEHN, ERIN ATREAS
Address: 101 CUMBERLAND
City-St-Zip: MADISON, TN 37115

Title: ASEC
Name: WOOD, SHARON ASEC
Address: 101 CUMBERLAND
City-St-Zip: MADISON, TN 37115

Title: VP
Name: MORRIS, MICHAEL VP
Address: 101 CUMBERLAND
City-St-Zip: MADISON, TN 37115

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: MANDELINE HENDRICKS

POA

04/12/2010

Electronic Signature of Signing Officer or Director

_____ Date