2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# F03000004589

Entity Name: STREAMLINE HEALTH, INC.

Current Principal Place of Business:

10200 ALLIANCE ROAD
SUITE 200
CINCINNATI, OH 45242

New Principal Place of Business:

Current Mailing Address:

10200 ALLIANCE ROAD
SUITE 200
CINCINNATI, OH 45242

New Mailing Address:

FEI Number: 31-1285286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: WATSON, ROBERT E
Address: 10200 ALLIANCE ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 45242

Title: D
Name: VONDERBRINK, EDWARD J
Address: 5536 JESSUP ROAD
City-St-Zip: CINCINNATI, OH 45247

Title: SVP
Name: WINZENREAD, GARY O
Address: 10200 ALLIANCE ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 45242

Title: D
Name: LEVY, RICHARD C
Address: 7325 INDIAN HILL ROAD
City-St-Zip: CINCINNATI, OH 45243

Title: CD
Name: PHILLIPS, JONATHAN R
Address: 792 CHATHAM AVE.
City-St-Zip: ELMHURST, IL 60126

Title: TS
Name: MURDOCK, STEPHEN H
Address: 10200 ALLIANCE ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 45242

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: MATTHEW D. ROLFES AT 05/02/2011

Electronic Signature of Signing Officer or Director Date