Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
SDI ACQUISITION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

RH

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10 MAR -5 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000004989

1. Corporation Name

SDI ACQUISITION, INC.

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REINSTATEMENT

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 N MICHIGAN AVE	401 N MICHIGAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 2700	STE 2700
City & State	City & State
CHICAGO, IL	CHICAGO, IL
Zip / Country	Zip / Country
60611 / USA	60611 / USA

4. Date Incorporated or Qualified To Do Business in Florida 07/28/2006

5. FEI Number 14-1966195 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional for Expedited Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] TRACI HOUCK SPECIAL ASSISTANT SECRETARY — Date: 3/5/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Mary A. Tolan	401 N. Michigan Ave., Suite 2700	Chicago, IL 60611
T	John T. Staton	401 N. Michigan Ave., Suite 2700	Chicago, IL 60611
VP	Etienne H. Deffarges	401 N. Michigan Ave., Suite 2700	Chicago, IL 60611
VP	Gregory N. Kazarian	401 N. Michigan Ave., Suite 2700	Chicago, IL 60611
C	J. Michael Cline	401 N. Michigan Ave., Suite 2700	Chicago, IL 60611
D	Edgar M. Bronfman, Jr.	401 N. Michigan Ave., Suite 2700	Chicago, IL 60611

10. E-mail Address: adirghangi@accretivehealth.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] — 3/05/10 — 312-324-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John T. Staton, Treasurer

FL010 - 01/21/2010 CT System Online