2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# F06000005070

Entity Name: INGENIX PUBLIC SECTOR SOLUTIONS, INC.

Current Principal Place of Business:

1925 ISAAC NEWTON SQUARE
SUITE 300
RESTON, VA 20191

New Principal Place of Business:

Current Mailing Address:

1925 ISAAC NEWTON SQUARE
SUITE 300
RESTON, VA 20191

New Mailing Address:

FEI Number: 20-4581265 **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: PD ( ) Delete
Name: ABRAMCHECK, FRANK
Address: 1925 ISAAC NEWTON SQUARE #300
City-St-Zip: RESTON, VA 20191

Title: D ( ) Delete
Name: VALENTA, LEE D
Address: 12125 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V ( ) Delete
Name: STEVENS, CAROLYN
Address: 1925 ISAAC NEWTON SQUARE #300
City-St-Zip: RESTON, VA 20191

Title: S ( ) Delete
Name: SPICOLA, BRIGID M
Address: 12125 TECHNOLOGY DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: T ( ) Delete
Name: OBERRENDER, ROBERT
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIGID M SPICOLA S 04/11/2007

Electronic Signature of Signing Officer or Director — Date