2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2011
Secretary of State

DOCUMENT# F08000002545

Entity Name: WEBMD HEALTH SERVICES GROUP, INC.

Current Principal Place of Business:

2701 NW VAUGHN ST.
PORTLAND, OR 97210 US

New Principal Place of Business:

Current Mailing Address:

2701 NW VAUGHN ST.
PORTLAND, OR 97210 US

New Mailing Address:

FEI Number: 93-1270422 **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

OFFICERS AND DIRECTORS:

Title: P
Name: GUTINELLA, WAYNE
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US

Title: V
Name: VUOLO, ANTHONY
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US

Title: S
Name: WAMSLEY, DOUGLAS
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US

Title: V
Name: SCHLANGER, DAVID
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US

Title: V
Name: PENCE, WILLIAM
Address: 111 8TH AVE.
City-St-Zip: NEW YORK, NY 10011 US

Title: V
Name: STAMPE, ROSEANN
Address: 669 RIVER DRIVE
City-St-Zip: ELMWOOD PARK, NJ 07407

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: ROSEANN STAMPE V 01/31/2011

Electronic Signature of Signing Officer or Director Date