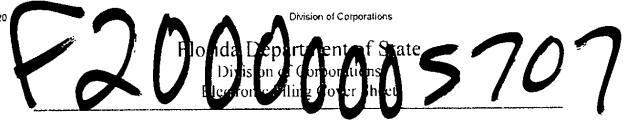
12/18/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:\_

### FOREIGN PROFIT/NONPROFIT CORPORATION CRISP SHARED SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CRISP Shared S	ervices. Inc.		
(Enter name of co	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp ")	)," "COMPANY," "CORPORATION,"	
CRISP Shared S	ervices		
(If name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busines	s in Florida)
Magdand		85-3328249	
(State or country	y under the law of which it is incorporated)	3(FEI number, if applicable)	
10/05/2020		5	
(Date	of incorporation)	(Date of duration, if other than perg	etual)
5.			
7160 Columbia O		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability) 046	
·	(Prince	cipal office address)	
	(Current ma	tling address, if different)	
<ol> <li>Name and street</li> </ol>	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	73
Name:	C T Corporation System		<del>- 1</del>
Office Address:	1200 South Pine Island Road		<u></u>
	Plantation,	33324 , Florida	Ċ
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By Kallin A (Mildor, And Section)

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

From: Kimberly Laughrey

11. Names and business addresses of officers and/or directors:

Tc: 18506176383

	Scott MacLean	
Chairman	7160 Columbia Gateway Drive, Suite 100	
Address:	Culumbia, MD 21046	
Vice Chai	Tressa Springmann irman:	
Address.	7160 Columbia Gateway Drive, Suite 100	
	Columbia, MD 21046	
Director:	Doug Hall	
Address:	7160 Columbia Gateway Drive, Suite 100	
	Columbia, MD 21046	
Director:	George Sprinkel	
Address:	7160 Columbia Gateway Drive, Suite 100	
	Columbia, MD 21046	
B. OFF	David Horrocks	;;; ;;;
Address:	7160 Columbia Gateway Drive, Suite 100	.\)
	Columbia, MD 21046	
Vice Pres		<u></u>
Address	7160 Columbia Gateway Drive, Suite 100	
	Columbia, MD 21046	
Secretary		
Address:	7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046	
Treasure		
Address:	7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
The offi	Signature of Director or Officer icer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departn legree felony as provided for in s.817.155, F.S. vid Horrocks, President & CEO of CRISP Shared Services, Inc	the facts stated herein nent of State constitutes

(Typed or printed name and capacity of person signing application)

To: 18506176383 • 1 Page, 5 of 6 2020-12-18 16:17:53 CST 12122023573 From: Kimberly Laughrey



## **CRISP Shared Services**

## CRISP Shared Services Member & Director Roster

December 2020

#### **Board Members**

	Organization	· \$P\$ - \$P\$ (4) \$P\$ - \$P\$ (5) \$P\$ -	Other CRISP Role(s)	DECEMBER OF THE PROPERTY OF TH
Scott MacLean	MedStar Health System	SVP & Chief Information Officer scott.t.maclean@medstar.net	Board Chair; Secretary; CRISP Board Member; Technology Committee	1 (2)
Tressa Springmann	LifeBridge Health System	VP & CIO tspringm@lifebridgehealth.org	Vice Chair; CRISP Board Member; Chair, Technology Committee	1 (11)
Doug Hall	Johns Hopkins Health System	Sr. Director, Planning Analytics and Business Intelligence dhall@jhmi.edu	Treasurer; CRISP Finance Committee	1 (11)
George Sprinkel	George Washington University Hospital	CFO George.Sprinkel@gwu-hospital.com	CRISP DC Board Member	1
TBD	WV Representative			1

### Ex Officio Officers / Directors

Name	; Organization	Title	Other CRISP Role(s)	Current Year of Service
David Horrocks	CRISP Shared Services	President david.horrocks@crisphealth.org	CEO, CRISP; CRISP DC Board Member	1 (12)
Brandon Neiswender	CRISP Shared Services	Vice President <u>Brandon.neiswender@crisphealth.org</u>	Vice President & Privacy & Security Officer, CRISP	1 (7)

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM. THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

LEGRTHER CERTIFY THAT CRISP SHARED SERVICES, INC. (D20967873), INCORPORATED OCTOBER 05, 2020, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 14, 2020

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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