

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000401

FILED
Jan 20, 2008
Secretary of State

Entity Name: ECLIPSYS CORPORATION

Current Principal Place of Business:

1750 CLINT MOORE RD
BOCA RATON, FL 33487 US

New Principal Place of Business:

18201 VON KARMAN AVENUE
SUITE 120
IRVINE, CA 92612 US

Current Mailing Address:

1750 CLINT MOORE RD
BOCA RATON, FL 33487 US

New Mailing Address:

18201 VON KARMAN AVENUE
SUITE 120
IRVINE, CA 92612 US

FEI Number: 65-0632092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 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: P () Delete
Name: ECKERT, ANDY
Address: 1750 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

Title: CFO () Delete
Name: COLLETTI, ROBERT J
Address: 1750 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

Title: S () Delete
Name: COPPLE, BRIAN
Address: 1750 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ECKERT, ANDY
Address: 2150 N. FIRST STREET, SUITE 500
City-St-Zip: SAN JOSE, CA 95131 US

Title: CFO (X) Change () Addition
Name: COLLETTI, ROBERT J
Address: THREE RAVNIA DRIVE, SUITE 1000
City-St-Zip: ATLANTA, GA 30346 US

Title: S (X) Change () Addition
Name: COPPLE, BRIAN
Address: 18201 VON KARMAN AVE., SUITE 120
City-St-Zip: IRVINE, CA 92612 US

Title: AS () Change (X) Addition
Name: SAMAN, ROBERT
Address: VON KARMAN AVE., SUITE 120
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT SAMAN

ASEC

01/20/2008

Electronic Signature of Signing Officer or Director

Date