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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90140 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004687

1. Corporation Name

PROVANTAGE PRESCRIPTION BENEFIT MANAGEMENT SERVICES, INC.

Principal Place of Business

700 PILGRIM WAY
PO BOX 19060
GREEN BAY WI 54307-9060

Mailing Address

700 PILGRIM WAY
PO BOX 19060
GREEN BAY WI 54307-9060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1996

4. FEI Number

39-1821414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME KRAMER, DALE P
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

1.1 TITLE Chairman of the Board
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CFOD
NAME JONES, JEFFREY A
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV
NAME BETTIGA, MICHAEL J
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME COFFINI, JOSEPH A
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☒ DELETE

4.1 TITLE President, Chief Executive Officer
4.2 NAME William Podany
4.3 STREET ADDRESS 700 Pilgrim Way
4.4 CITY-ST-ZIP Green Bay WI 54307-9060

TITLE VPSD
NAME SCHEPP, RICHARD D
STREET ADDRESS 700 PILGRIM WAY, PO BOX 19060
CITY-ST-ZIP GREEN BAY WI 54307-9060

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPT
NAME DANEN, RICHARD F.
STREET ADDRESS 700 PILGRIM WAY
CITY-ST-ZIP GREEN BAY WI 54307

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffery Simons
P. Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 920 429-7058

CR2E034 (11/98)