2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # F9700000381 May 17, 2000 8:00 am Secretary of State CERNER HEALTH FACTS, INC. 05-17-2000 90937 035 ***150.00 Principal Place of Business Mailing Address 2800 ROCKCREEK PKWY 2800 ROCKCREEK PKWY KANSAS CITY MO 64117-2521 KANSAS CITY MO 64117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1732371 Not Applicable Zip Country Country **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Chairman of the Board, President M'Change CD TITLE TITLE ☐ Delete PATTERSON, NEAL L NAME NAME STREET ADDRESS 2800 ROCKCREEK PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64117 **C**hange Addition ☐ Delete TITLE TITLE Director ILLIG, CLIFFORD W NAME NAME 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64117 TITLE ☐ Delete TITLE Change ☐ Addition SIMS, RANDY D NAME NAME STREET ADDRESS 2800 ROCKCREEK PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64117 X Delete TITLE Change Change ☐ Addition TITLE Assistant Treasurer EVANS, MAUREEN M NAME NAME Soft Siemers 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64117 OFO, VP & Treasurer Change ☐ Addition Delete TITLE TITLE NAME NAUGHTON, M G NAME 280 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KANSAS CITY MO 64117 AS Assistant Secretary Delete TITLE ☐ Addition TITLE DONNER, J V NAME NAME Lynn Marasco STREET ADDRESS 2800 ROCKCREEK PKWY STREET ADDRESS CITY-ST-ZIP KANSAS CITY MO 64117 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

E AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR