2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am Secretary of State DOCUMENT # F9700000381 CERNER HEALTH FACTS, INC. 05-07-2001 90009 004 ***150.00 Principal Place of Business Mailing Address 2800 ROCKCREEK PKWY 2800 ROCKCREEK PKWY KANSAS CITY MO 64117 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 Applied For 4. FEI Number 43-1732371 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition PATTERSON, NEAL L NAME NAME 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS KANSAS CITY MO 64117 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE ILLIG, CLIFFORD W NAME NAME 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS KANSAS CITY MO 64117 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition SIMS, RANDY D NAME NAME 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS KANSAS CITY MO 64117 CITY-ST-ZIP CITY-ST-ZIP ΑT TITLE ☐ Delete TITLE Change ☐ Addition SIEMERS, SCOTT NAME NAME 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS KANSAS CITY MO 64117 CITY-ST-ZIP CITY-ST-ZIP **VPCT** Delete TITLE TITLE ☐ Change Addition NAUGHTON, M G NAME NAME 280 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KANSAS CITY MO 64117 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition MARASCO, LYNN. NAME NAME 2800 ROCKCREEK PKWY STREET ADDRESS STREET ADDRESS KANSAS CITY MO 64117 CITY-ST-ZIP CITY-ST-ZIP

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 n address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1221-102

CR2E034 (10/00)