

**F97000001310**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380  
  
From: Account Name : C T CORPORATION SYSTEM  
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**REGISTERED AGENT CHANGE  
TRUVEN HEALTH ANALYTICS INC.**

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JUN 03 2016  
C. CARROTHENS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Truven Health Analytics Inc.
- 2. The principal office address: 100 Phoenix Drive, Ann Arbor, MI 48108
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 3/14/1997 Document number: F97000001310

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

National Corporate Research, Ltd., Inc.  
115 North Calhoun St. Suite 4  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Marian J. Dillon  
 Signature of an officer or director

Marian J. Dillon, Vice President & Asst. Secretary  
 Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

By: Tristan Emrich  
 Signature of Registered Agent

5/31/2016  
 Date

If signing on behalf of an entity:  
Tristan Emrich, Assistant Secretary  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)