

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005931

Entity Name: MEDINSIGHTS, INC.

FILED
Mar 13, 2011
Secretary of State

Current Principal Place of Business:

9 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

9 CAMPUS DRIVE
ATTN: ELIZABETH J. ROMANI
PARSIPPANY, NJ 07054

New Mailing Address:

9 CAMPUS DRIVE
PARSIPPANY, NJ 07054

FEI Number: 58-2348496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

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:

03/13/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HUDSON, SCOTT R
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: S
Name: HANES-DOWD, APRIL
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: T
Name: LAZZARO, JACK H
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: AVP
Name: COYNE, LISA A
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

I hereby 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 all other like empowered.

SIGNATURE: LISA A. COYNE

AVP

03/13/2011

Electronic Signature of Signing Officer or Director

Date