

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Email Address:

REGISTERED AGENT CHANGE TRIZETTO CORPORATION

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| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu



8/17/2015

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| Trizetto Corporation SUBJECT: |
| Name of Corporation |
| F98000002408 DOCUMENT NUMBER: |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Kathleen Malone |
| Name of Contact Person |
| TriZetto Corporation |
| Firm/Company |
| 9655 Maroon Cir |
| Address |
| Englewood, CO, 80112 |
| City/State and Zip Code |
| Kathleen.malone@trizetto.com |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Kathleen Malone 303 542-2822 at () |
| Name of Contact Person at (|
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Street Address: Amendment Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |

CR2E045 (03/12)

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 1)e Contact |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: TRIZETTO CORPORATION |
| 2. The principal office address: 1200 South Pine Island Road Plantation, FL 33324 |
| |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 04/28/1998 Document number: F98000002408 |
| 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) |
| NRAI SERVICES, INC |
| Plantation, FL 33324 |
| Plantation, FL 33324 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| CT Corporation System |
| c/o C T Corporation System, 1200 South Pine Island Road |
| P.O. Box NOT acceptable |
| Plantation, Florida 33324 |
| 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. |
| Stratige of an officer or director |
| 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 duiles, 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: (a T Corporation System 8/13/2015 Signature of Replaced Agent Date |
| If signing on be Gardican Pignataro 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
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