2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003914 V 1. Entity Name Trizetto CBS, Inc. NOT A NAME (Creative Business Solutions, Inc.) Principal Place of Business 567 San Nicolas Dr. #360 567 San Nicolas Dr. #360 Principal Place of Business Newbort Beach CA 926600 Newbort Beach CA 92660

FILED May 04, 2001 8:00 am Secretary of State

05-04-2001 90134 039 ***150.00

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|--------------------------------|--|--|---|---|--------------------------------|--|
| 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 75 2380402 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Cartificate of Status Desired | 75 Additional Required | |
| | 6. Name and Address of Current F | Registered Agent | | 7. Name and Address of New Registered Agen | Ł | |
| NRAI | Services, Inc. | | Name | Name | | |
| 526 | E. Park Avenue | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| Tallal | nassee, FL 32301 | | | | | |
| | , | | City | City FL Zip Code | | |
| 8. The above | e named entity submits this statement for | the purpose of changing its | registered office or reg | tered agent, or both, in the State of Florida. | | |
| | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent at | nd title if anniicable. (NOTI | E: Registered Agent signature re | red when reinstating) ? DATE | | |
| | *************************************** | | | | | |
| Tax filing r | oration is eligible to satisfy its Intangible requirement and elects to do so. | After MAY 1, 20 | 11 FEE 13 \$150.00 01 Fee will be \$550. | Total Contribution | \$5.00 May Be Added to Fees | |
| , | ria on back) | | le to Department of | 0.0%, 2 | _ | |
| 11. | OFFICERS AND C | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRE | | |
| TITLE Name | | Delete | TITLE NAME | U | hange | |
| STREET ADDRESS | See Attachment | • | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | hange Addition | |
| NAME Street address : | | | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | Пс | hange Addition | |
| NAME | | | NAME | | and [m] reputel | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| title Name | | ☐ Delete | TITLE NAME | | hange | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| mle | | ☐ Delete | TITLE | | nange | |
| VAME | | | NAME | | | |
| STREET AODRESS CITY-ST-ZIP | | | STREET ADDRESS | | | |
| | | | CITY-ST-ZIP | | | |
| TTLE | | ☐ Delete | TITLE NAME | | nange | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| of the corp | On this report or supplemental report is ti | rue and accurate and that mered to execute this report a | the exemption stated in | Section 119.07(3)(i), Florida Statutes. I further certify that a same legal effect as if made under oath; that I am an one of the statutes; and that my name appears in Block | officar or disaster | |

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Brian Karr

949-719-2200

Attachment to
2001 Uniform Business Report

CODUDATION

2001 Uniform Business Report Florida Division of Corporations

Corporation Name:

TriZetto CBS, Inc. (Creative Business Solutions, Inc.)

Item 12. Additions/Changes to Officers and Directors.

| Name | Title | Business Address | |
|-----------------------|--|---|--|
| Jeffrey H. Margolis | President, Chief Executive Officer, and Chairman; Director | 567 San Nicolas Drive, Suite 360 Newport Beach, CA 92660 | |
| Michael J. Sunderland | Chief Financial Officer and Secretary; Director | 567 San Nicolas Drive, Suite 360 Newport Beach, CA 92660 | |
| D. Brian Karr | Treasurer | 567 San Nicolas Drive, Suite 360 Newport Beach, CA 92660 | |
| Christine A. Miller | Assistant Secretary | 567 San Nicolas Drive, Suite 360 Newport Beach, CA 92660 | |