

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90415 042 \*\*\*550.00

**DOCUMENT # F99000003932**

1. Entity Name

**TRIZETTO APPLICATION SERVICES, INC.**

Principal Place of Business

**567 SAN NICOLAS DRIVE SUITE 360  
 NEWPORT BEACH CA 92660**

Mailing Address

**567 SAN NICOLAS DRIVE SUITE 360  
 NEWPORT BEACH CA 92660**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**84-1184722**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO MARGOLIS, JEFFREY H 567 SAN NICOLAS DRIVE SUITE 360 NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS SUNDERLAND, MICHAEL J 567 SAN NICOLAS DRIVE SUITE 360 NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KARR, BRIAN D 567 SAN NICOLAS DRIVE SUITE 360 NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MILLER, CHRISTINE A 567 SAN NICOLAS DRIVE SUITE 360 NEWPORT BEACH CA 92660</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MARGOLIS, JEFFREY H 567 SAN NICOLAS DRIVE SUITE 360 NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUNDERLAND, MICHAEL J 567 SAN NICOLAS DRIVE SUITE 360 NEWPORT BEACH CA 92660</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Please see attached Addendum 1</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 Michael J. Sunderland

**5/10/02**

**(949) 719-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
#F99000003932

Addendum 1

**Attachment to  
2002 Uniform Business Report  
Florida Division of Corporations**

Corporation Name: TriZetto Application Services, Inc.

Item 12. Additions/Changes to Officers and Directors.

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
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	6061 S. Willow Drive Greenwood Village, CO 80111