

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -3 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004596

1. Corporation Name

MEDASSETS EXCHANGE, INC.

Principal Place of Business

Mailing Address

1421 WOOD DALE ROAD
WOOD DALE IL 60191

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WOOD DALE IL 60191

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0391129

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City and State
C	BARDEN JOHN A	9420 COLONADE TR.	ALPHARETTA GA 30022
PD	HALVERSON, KENNETH A	2293 DRURY LANE	NORTH FIELD IL 60093
D	WILKERSON, L. JOHN PHD	LONG HILL ROAD	NEW VERNON NJ 07976
S	STONE, GEORGE W	1291 ROSSDALE TRAIL	WOOD DALE IL 60191
VP	Jonathan H. Glenn	3755 Marcell Road, Ste 300	Alpharetta, GA 30022

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

12/12/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN H. GLENN, V.P.

Date

12/11/00

Daytime Phone #

678-323-2806

CR2E040 (9/00)