

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90245 044 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** F990000004596

1. Entity Name

MedAssets Exchange, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1421 N. Wood Dale Road

3. Mailing Address

Same as place of business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Wood Dale, IL

City & State

City & State

Zip 60191Country USA

Zip

Country

4. FEI Number

51-0391129

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

No Change of 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 renewing)

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 \$30.00
AND MAY 1, 2001 FEE WILL BE \$550.00
It is not payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<u>President</u>	☐ Delete
NAME	<u>Kenneth A. Halverson, Jr</u>	
STREET ADDRESS	<u>2293 Drury Lane</u>	
CITY-ST-ZIP	<u>Northfield, IL 60093</u>	
TITLE	<u>Secretary</u>	☐ Delete
NAME	<u>Jonathan H. Glenn</u>	
STREET ADDRESS	<u>220 Crayton Terrace</u>	
CITY-ST-ZIP	<u>Alpharetta, GA 30004</u>	
TITLE	<u>Asst. Secretary</u>	☐ Delete
NAME	<u>Scott E. Gressett</u>	
STREET ADDRESS	<u>1210 Old Home Place Ct.</u>	
CITY-ST-ZIP	<u>Cumming, GA 30041</u>	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Scott Gressett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/01

621-323-2802

Date

Signature Number

CR20034 (11/00)

8/13/01

CORPORATE DETAIL RECORD SCREEN

NUM: F99000004596 ST:DE ACTIVE/FOREIGN PROF

FLD: 09/02/1999

LAST: REINSTATEMENT

FLD: 01/03/2001

FEI#: 51-0391129

NAME : MEDASSETS EXCHANGE, INC.

PRINCIPAL: 1421 WOOD DALE ROAD

ADDRESS WOOD DALE, IL 60191

RA NAME : C T CORPORATION SYSTEM

RA ADDR : 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324 US

ANN REP :

(2000) I 01/03/01

attachment
D# F99000004596
3:27 PM
B00063607

1. MENU, 3. OFFICERS, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: