

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F99000004596**

1. Corporation Name

**MEDASSETS EXCHANGE, INC.**

Principal Place of Business

Mailing Address

**1421 WOOD DALE ROAD  
WOOD DALE IL 60191**

**1421 WOOD DALE ROAD  
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

**100 North Pt Ctr E**

3. New Mailing Office Address, If Applicable

**100 North Pt. Ctr. East**

Suite, Apt. #, etc.

**Suite 150**

Suite, Apt. #, etc.

**Suite 150**

City & State

**Alpharetta GA**

City & State

**Alpharetta GA**

Zip

**30022**

Country

**USA**

Zip

**30022**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/02/1999**

5. FEI Number

**51-0391129**

Applied For

Not Applicable

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 / State / Zip
PD	HALVERSON, JR, KENNETH A	2293 DRURY LANE	NORTH FIELD IL 60093
S	GLENN, JONATHAN H	220 CREYTON TERRACE	ALPHARETTA GA 30004
AS	GRESSETT, SCOTT E	1210 OLD HOME PLACE CT	CUMMING GA 30041

**500026891855**

**01/13/04--01095--027 \*\*758.75**

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

**FL**

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

**Beverlee Stuewe**  
**Assistant Secretary**

Date

**1/08/04**

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:

**Scott Gressett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/12/04**

Daytime Phone #

**678.323.2500**

CR2EQ40 (7/03)