

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000572

FILED
Aug 27, 2004
Secretary of State

Entity Name: SYSTEMED, L.L.C.

Current Principal Place of Business:

C/O MERCK-MEDCO MANAGED CARE LLC
100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

New Principal Place of Business:

C/O MEDCO HEALTH SOLUTIONS, INC.
100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

Current Mailing Address:

100 PARSONS POND DR
TAX DEPT F1 5A
FRANKLIN LAKES, NJ 07417

New Mailing Address:

100 PARSONS POND DR (F3-16)
FRANKLIN LAKES, NJ 07417

FEI Number: 22-3474880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JONES, ROGER A
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: V () Delete
Name: WALDEN, DANIEL
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR () Delete
Name: MCGOVERN, ROBERT
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Delete
Name: DORSA, CAROLINE
Address: ONE MERCK DRIVE
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: MGR (X) Delete
Name: MCGOVERN, ROBERT
Address: ONE MERCK DRIVE
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: MGR (X) Delete
Name: KARLIN, DAVID S
Address: 100 PARSONS POND DR
City-St-Zip: FRANKLIN LAKES, NJ 07417

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BIRCH, BRYAN D
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGRM (X) Change () Addition
Name: SHERMAN, PETER M
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Change () Addition
Name: MACHLOWITZ, DAVID S
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER M. SHERMAN

MGRM

08/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date