**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** P10992 (6)

1. Corporation Name

IDX Systems Corporation

| Principal Place of Business | Mailing Address |
|---|---|
| 1400 Shelburne RD<br>S. Burlington, VT<br>05403 | P.O. Box 1070<br>Burlington, VT<br>05402 |

3. Date Incorporated or Qualified: 08/01/86
3a. Date of Last Report: 04/07/95
4. FEI Number: 03-0222230 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

The Prentice-Hall Corporation Systems, Inc
1201 Hays Street, Suite 105
Tallahassee, FL 32301

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 900001852229 -06/05/96--01078--045 ***225.00
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and the date as required by applicable statute. (If the registered agent is a corporation, the signature must be that of an officer or director of the registered agent.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | V ☒ DELETE | 1.1 TITLE | V/D ☒ Change ☐ Addition |
| NAME | Lazarus, Carl B. | 1.2 NAME | Tufo, Henry M. Dr |
| STREET ADDRESS | 882 Commonwealth Avenue | 1.3 STREET ADDRESS | 1400 Shelburne Road |
| CITY-ST-ZIP | Boston, MA 02215 | 1.4 CITY-ST-ZIP | Burlington, VT 05402 |
| TITLE | D ☒ DELETE | 2.1 TITLE | V/S ☒ Change ☐ Addition |
| NAME | Crook, James H. Jr. | 2.2 NAME | Baker, Robert W. Jr. |
| STREET ADDRESS | 1400 Shelburne Road | 2.3 STREET ADDRESS | 1400 Shelburne Road |
| CITY-ST-ZIP | Burlington, VT 05402 | 2.4 CITY-ST-ZIP | Burlington, VT 05402 |
| TITLE | ☐ DELETE | 3.1 TITLE | V ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | Pure, Pamela J. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1400 Shelburne Road |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Burlington, VT 05402 |
| TITLE | ☐ DELETE | 4.1 TITLE | D ☐ Change ☒ Addition |
| NAME | | 4.2 NAME | Grandia, Larry D. |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1400 Shelburne Road |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Burlington, VT 05402 |
| TITLE | ☐ DELETE | 5.1 TITLE | D ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | Lash, Steven M. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1400 Shelburne Road |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Burlington, VT 05402 |
| TITLE | ☐ DELETE | 6.1 TITLE | D ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Altman, Stuart H. Ph.D. |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 1400 Shelburne Road |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Burlington, VT 05402 |

6/5 JZ

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ Robert W. Baker, Jr., V.P./Sec. 5/28/96 802-862-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #