

## 2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P31940

FILED  
Oct 18, 2012  
Secretary of State

**Entity Name:** UNITED HEALTHCARE SERVICES OF MINNESOTA, INC.

**Current Principal Place of Business:**

UNITEDHEALTH GROUP CENTER  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

**New Principal Place of Business:**

**Current Mailing Address:**

UNITEDHEALTH GROUP CENTER  
9900 BREN ROAD EAST  
MINNETONKA, MN 55343

**New Mailing Address:**

**FEI Number:** 41-1289245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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

### OFFICERS AND DIRECTORS:

Title: P/D  
Name: MUNSELL, WILLIAM A  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: D  
Name: THOMPSON, BRIAN R  
Address: 9700 HEALTH CARE LANE  
City-St-Zip: MINNETONKA, MN 55343

Title: T  
Name: OBERRENDER, ROBERT W  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: S  
Name: WARMUTH, JAY A  
Address: 9700 HEALTH CARE LANE  
City-St-Zip: MINNETONKA, MN 55343

Title: AS  
Name: HUNTLEY DILL, MICHELLE M  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: AS  
Name: LUIS, JUANITA B  
Address: 9700 HEALTH CARE LANE  
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE M. HUNTLEY DILL

AS

10/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date