

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36350

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: MAGELLAN HRSC, INC.

**Current Principal Place of Business:**

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046 US

**New Principal Place of Business:**

**Current Mailing Address:**

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046 US

**New Mailing Address:**

FEI Number: 34-1559960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DPT  
Name: RUBIN, JONATHAN N  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001 US

Title: VP  
Name: NEWLIN, LINTON C  
Address: 1203 4TH STREET SW  
City-St-Zip: CULLMAN, AL 35055 US

Title: AS  
Name: MCQUILLEN, MICHAEL P  
Address: 6950 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

Title: VP/S  
Name: CUMMINGS, ANDREW M  
Address: 65 BROADWAY, SUITE 904  
City-St-Zip: NEW YORK, NY 10006 US

Title: D  
Name: LERER, RENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D  
Name: SHAPIRO, IRENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001 US

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: LINTON C. NEWLIN

VP

04/22/2011

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

\_\_\_\_\_  
Date