

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004363

Entity Name: CAREMARKET, INC.**Current Principal Place of Business:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204**Current Mailing Address:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US**FEI Number:** 84-1782311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name BLAIR, PATRICK T
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name BENINTENDI, LAURIE H
Address 4361 IRWIN SIMPSON ROAD
City-State-Zip: MASON OH 45040

Title DIRECTOR
Name PENEZEK, RONALD W
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 220 VIRGINIA AVE.
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT E
Address 220 VIRGINIA AVE.
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER
Name NOBLE, ERIC K
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY
Name MILLER, JEFFREY W
Address 21555 OXNARD STREET
City-State-Zip: WOODLAND HILLS CA 91367

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: KATHLEEN S. KIEFER**SECRETARY****06/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date