

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001310

Entity Name: TRUVEN HEALTH ANALYTICS INC.

Current Principal Place of Business:

777 E. EISENHOWER
ANN ARBOR, MI 48108

Current Mailing Address:

777 E. EISENHOWER
ANN ARBOR, MI 48108 US

FEI Number: 06-1467923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD, INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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 CEO, PRESIDENT, DIRECTOR
Name BOSWOOD, MIKE
Address 777 E. EISENHOWER
City-State-Zip: ANN ARBOR MI 48108

Title GENERAL COUNSEL & SECRETARY
Name HELLER, ANDRA
Address 777 E. EISENHOWER
City-State-Zip: ANN ARBOR MI 48108

Title CFO AND TREASURER
Name BUCKINGHAM, PHILIP M
Address 777 E. EISENHOWER
City-State-Zip: ANN ARBOR MI 48108

Title VP
Name JOHNSTON, WILLIAM
Address 777 E. EISENHOWER
City-State-Zip: ANN ARBOR MI 48108

Title CONTROLLER
Name BOLOTIN, JAMES
Address 777 E. EISENHOWER
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name EVANS, HUGH
Address 590 MADISON AVENUE, 41ST FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name KELLY, JEFFREY
Address 590 MADISON AVE, 41ST FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name POLK, BENJAMIN M
Address 590 MADISON AVE, 41ST FLOOR
City-State-Zip: NEW YORK NY 10022

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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: MIKE BOSWOOD

CEO, PRESIDENT,
DIRECTOR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MUSALLAM, RAMZI
Address 590 MADISON AVENUE, 41ST FLOOR
City-State-Zip: NEW YORK NY 10022