

SCC eFile  
(6/10)

2010 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

210504462

1.) CORPORATION NAME:

**HEALTH MANAGEMENT SYSTEMS, INC. (NEW YORK)**  
**(USEDIN VA. BY: HEALTH MANAGEMENT SYSTEMS, INC.)**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**  
**CORPORATION SERVICE COMPANY**  
**11 S 12TH ST**  
**PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

DUE DATE: **12/30/2010**

SCC ID NO: **F1066440**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000
PREFER	5,015,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 PARK AVENUE SOUTH

CITY/ST/ZIP: NEW YORK, NY 10016-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM C LUCIA  
TITLE: PRESIDENT  
ADDRESS: 401 PARK AVE SOUTH  
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER

DIRECTOR

NAME: ROBERT M HOLSTER  
TITLE: DIRECTOR  
ADDRESS: 401 PARK AVE SOUTH  
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER

DIRECTOR

NAME: WALTER D HOSP  
TITLE: D/CFO/T  
ADDRESS: 401 PARK AVE SOUTH  
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER

DIRECTOR

NAME: EDITH MARSHALL ESQ.  
TITLE: SECRETARY  
ADDRESS: 401 PARK AVENUE SOUTH  
CITY/ST/ZIP/CO: NEW YORK, NY 10016-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ EDITH MARSHALL ESQ.  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

EDITH MARSHALL ESQ.,  
SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

11/2/2010  
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.