

1.) CORPORATION NAME:

FOUNDATION FOR MANAGED CARE PHARMACY

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F1144296**

**Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O AMCP
100 N PITT STREET SUITE 400

CITY/ST/ZIP: ALEXANDRIA, VA 22314

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:	RICHARD A ZABINSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7710 BUSH LAKE DRIVE		
CITY/ST/ZIP/CO:	BLOOMINGTON, MN 55438		

NAME:	JOHN HOPKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1360 CHIPETA AVENUE		
CITY/ST/ZIP/CO:	GRAND JUNCTION, CO 81501		

NAME:	ROBERT DELUCA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	55 CORPORATE DRIVE		
CITY/ST/ZIP/CO:	MN-010-E133 BRIDGEWATER, NJ 08807		

NAME:	SHAWN BURKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8320 WARD PARKWAY		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64114		

NAME:	Edith Rosato	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 N Pitt Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		

NAME:	David Clark	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6053 South Bridges Lane		
CITY/ST/ZIP/CO:	Murray, UT 84121		

NAME: Peyton Howell TITLE: DIRECTOR ADDRESS: 4724 Carmel Club Drive CITY/ST/ZIP/CO: Charlotte, NC 28226	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Kathleen Kaa TITLE: DIRECTOR ADDRESS: 1 DNA Way, MS 85-5A CITY/ST/ZIP/CO: South San Francisco, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Edwin Headblom TITLE: DIRECTOR ADDRESS: 3M Center Building CITY/ST/ZIP/CO: 270-03-A-04 St. Paul, MN 55144	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: William Fleming TITLE: DIRECTOR ADDRESS: 3202 Falls Creek Court CITY/ST/ZIP/CO: Prospect , KY 40059	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Perry Cohen TITLE: DIRECTOR ADDRESS: 273 Hebron Avenue CITY/ST/ZIP/CO: Glastonbury, CT 06033	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Annette Boyer TITLE: DIRECTOR ADDRESS: 285 Waterfornt Drive East Suite 100 CITY/ST/ZIP/CO: Homestead , PA 15120	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Susan Blackburn TITLE: DIRECTOR ADDRESS: 4520 Linwood Lane CITY/ST/ZIP/CO: Excelsior, MN 55331	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Welton O TITLE: DIRECTOR ADDRESS: 100 N Pitt Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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/ RICHARD A ZABINSKI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD A ZABINSKI, PRESIDENT PRINTED NAME AND CORPORATE TITLE
9/21/2012 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.	