

1.) CORPORATION NAME:

**FOUNDATION FOR MANAGED CARE PHARMACY**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1144296**

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:	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:	SUSAN BLACKBURN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4520 LINWOOD LANE		
CITY/ST/ZIP/CO:	EXCELSIOR, MN 55331		

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: SHAWN BURKE TITLE: DIRECTOR ADDRESS: 8320 WARD PARKWAY CITY/ST/ZIP/CO: KANSAS CITY, MO 64114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID CLARK TITLE: DIRECTOR ADDRESS: 6053 SOUTH BRIDGES LANE CITY/ST/ZIP/CO: MURRAY, UT 84121	<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: 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: EDWIN HEADBLOM TITLE: DIRECTOR ADDRESS: 3M CENTER BUILDING 270-03-A-04 CITY/ST/ZIP/CO: ST. PAUL, MN 55144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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: 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	12/19/2012 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.		