

1.) CORPORATION NAME:

Roche Health Solutions Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1404583**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 50,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11800 EXIT FIVE PKWY

CITY/ST/ZIP: FISHERS, IN 46038

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: | MARC GIBELEY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 9115 HAGUE ROAD | | |
| CITY/ST/ZIP/CO: | INDIANAPOLIS, IN 46256 | | |
| NAME: | SCOTT D WILSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 9115 HAGUE ROAD | | |
| CITY/ST/ZIP/CO: | INDIANAPOLIS, IN 46250 | | |
| NAME: | LYNN M GAGEL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 9115 HAGUE ROAD | | |
| CITY/ST/ZIP/CO: | INDIANAPOLIS, IN 46250 | | |
| NAME: | STEVE A OLDHAM | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 9115 HAGUE ROAD | | |
| CITY/ST/ZIP/CO: | INDIANAPOLIS, IN 46250 | | |
| NAME: | SCOTT E HUBBARD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 9115 HAGUE ROAD | | |
| CITY/ST/ZIP/CO: | INDIANAPOLIS, IN 46250 | | |
| NAME: | CHERYL DUWVE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 11800 EXIT FIVE PARKWAY | | |
| CITY/ST/ZIP/CO: | SUITE 120 FISHERS, IN 46037 | | |

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/ MARC GIBELEY | MARC GIBELEY, PRESIDENT | 12/19/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | 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. | | |