

1.) CORPORATION NAME:

EBS-RMSCO, Inc.

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

SCC ID NO: **F1534447**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	450

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 115 CONTINUUM DR

CITY/ST/ZIP: LIVERPOOL, NY 13088-

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: EMIL DUDA
TITLE: T/CFO
ADDRESS: 165 COURT ST
CITY/ST/ZIP/CO: ROCHESTER, NY 14647-

OFFICER

DIRECTOR

NAME: DAVID KLEIN
TITLE: CEO
ADDRESS: 165 COURT ST
CITY/ST/ZIP/CO: ROCHESTER, NY 14647-

OFFICER

DIRECTOR

NAME: CHARLES MCLAUHLIN
TITLE: VICE PRESIDENT
ADDRESS: 30 PERINTON HILLS MALL
CITY/ST/ZIP/CO: FAIRPORT, NY 14450-

OFFICER

DIRECTOR

NAME: GREGORY COHEN
TITLE: PRESIDENT
ADDRESS: 115 CONTINUUM DR
CITY/ST/ZIP/CO: LIVERPOOL, NY 13088-

OFFICER

DIRECTOR

NAME: EMIL DUDA
TITLE: CFO
ADDRESS: EXCELLUS BCBS
165 COURT STREET
CITY/ST/ZIP/CO: ROCHESTER, NY 14647-

OFFICER

DIRECTOR

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER CAHILL BOOTH	
TITLE:	DIRECTOR	
ADDRESS:	EXCELLUS BCBS 165 COURT STREET	
CITY/ST/ZIP/CO:	ROCHESTER, NY 14647-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN SLOAN	
TITLE:	PRESIDENT	
ADDRESS:	165 COURT ST	
CITY/ST/ZIP/CO:	ROCHESTER, NY 14647-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARGARET CASSADY	
TITLE:	ASST SECRETARY	
ADDRESS:	EXCELLUS BCBS 333 BUTTERNUT DRIVE	
CITY/ST/ZIP/CO:	SYRACUSE, NY 13214-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOUGLAS GRUCZA	
TITLE:	ASST SECRETARY	
ADDRESS:	115 CONTINUUM DRIVE	
CITY/ST/ZIP/CO:	LIVERPOOL, NY 13088-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHARLES HERENDEEN	
TITLE:	ASST SECRETARY	
ADDRESS:	115 CONTINUUM DRIVE	
CITY/ST/ZIP/CO:	LIVERPOOL, NY 13088-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN MCCARTHY	
TITLE:	ASST SECRETARY	
ADDRESS:	115 CONTINUUM DRIVE	
CITY/ST/ZIP/CO:	LIVERPOOL, NY 13088-	

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.

<u>/s/ GREGORY COHEN</u>	<u>GREGORY COHEN, PRESIDENT</u>	<u>11/4/2011</u>
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.