

1.) CORPORATION NAME: Ascension Health - IS, Inc.	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: F1653551
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MO	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 SOUTH HANLEY ROAD
SUITE 450

CITY/ST/ZIP: ST LOUIS, MO 63105

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: MARK D BARNER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CEO/PRES				
ADDRESS: 101 SOUTH HANLEY ROAD				
CITY/ST/ZIP/CO: SUITE 450 ST LOUIS, MO 63105				

NAME: SISTER BERNICE COREIL, DC	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY/TREAS				
ADDRESS: 101 SOUTH HANLEY ROAD				
CITY/ST/ZIP/CO: SUITE 450 ST LOUIS, MO 63105				

NAME: CHARLES J BARNETT	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CHAIR				
ADDRESS: 101 SOUTH HANLEY ROAD				
CITY/ST/ZIP/CO: SUITE 450 ST LOUIS, MO 63105				

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/ MARK D BARNER	MARK D BARNER, CEO/PRES	12/7/2012
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.