

1.) CORPORATION NAME: Ascension Health - IS, Inc.	DUE DATE: 12/31/2014		
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
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 TITLE: CEO/PRES ADDRESS: 101 SOUTH HANLEY ROAD SUITE 450 CITY/ST/ZIP/CO: ST LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: BERNICE COREIL TITLE: SECRETARY/TREAS ADDRESS: 101 SOUTH HANLEY ROAD SUITE 450 CITY/ST/ZIP/CO: ST LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CHARLES J BARNETT TITLE: CHAIR ADDRESS: 101 SOUTH HANLEY ROAD SUITE 450 CITY/ST/ZIP/CO: ST LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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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/ BERNICE COREIL	BERNICE COREIL, SECRETARY/TREAS	12/30/2014
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.