

1.) CORPORATION NAME:

**GHR Systems, Inc.**

DUE DATE: **2/28/2011**

SCC ID NO: **F1781766**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 10,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 WEST LIBERTY BOULEVARD  
SUITE 300

CITY/ST/ZIP: MALVERN, PA 19355-

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: FRANK D'ANGELO  
TITLE: PRESIDENT/CEO  
ADDRESS: 2 WEST LIBERTY BOULEVARD  
SUITE 300  
CITY/ST/ZIP/CO: MALVERN, PA 19355-

OFFICER

DIRECTOR

NAME: STACEY A LOMBARDI  
TITLE: VP/Assist Sec.  
ADDRESS: 2 WEST LIBERTY BOULEVARD  
SUITE 300  
CITY/ST/ZIP/CO: MALVERN, PA 19355-

OFFICER

DIRECTOR

NAME: MICHAEL D HAYFORD  
TITLE: CORP EVP/CFO  
ADDRESS: 2 WEST LIBERTY BOULEVARD  
SUITE 300  
CITY/ST/ZIP/CO: MALVERN, PA 19355-

OFFICER

DIRECTOR

NAME: GARY A. NORCROSS  
TITLE: CORP EVP/COO  
ADDRESS: 2 WEST LIBERTY BOULEVARD  
SUITE 300  
CITY/ST/ZIP/CO: MALVERN, PA 19355-

OFFICER

DIRECTOR

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: KIRK T LARSEN<br>TITLE: TREASURER<br>ADDRESS: 2 WEST LIBERTY BOULEVARD<br>SUITE 300<br>CITY/ST/ZIP/CO: MALVERN, PA 19355- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

|   |   |  |
|---|---|--|
| NAME: MICHAEL L. GRAVELLE<br>TITLE: SECRETARY<br>ADDRESS: 2 WEST LIBERTY BOULEVARD<br>SUITE 300<br>CITY/ST/ZIP/CO: MALVERN, PA 19355- | <input checked="" 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.

|   |  |                          |
|---|--|--------------------------|
| <u>/s/ STACEY A LOMBARDI</u><br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>STACEY A LOMBARDI, VP/Assist Sec.</u><br>PRINTED NAME AND CORPORATE TITLE | <u>1/10/2011</u><br>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.