

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90207 010 \*\*\*158.75

**DOCUMENT # F99000002362**

1. Entity Name  
**PROVANTAGE HEALTH SERVICES, INC.**

Principal Place of Business Mailing Address  
**N19 W24130 RIVERWOOD DR PO BOX 1662**  
**WAUKESHA WI 53188 WAUKESHA WI 53188-1662**  
**US US**

80057391



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**One Merck Drive**

City & State City & State  
**Whitehouse Station NJ**

4. FEI Number **54-1508848** Applied For  
 Not Applicable

Zip Country Zip Country  
**08889 08889** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input checked="" type="checkbox"/> Delete <b>KRAMER, DALE P</b> <b>N19 W24130 RIVERWOOD DR</b> <b>WAUKESHA WI 53188</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPC</b> <input checked="" type="checkbox"/> Delete <b>JONES, JEFFREY A</b> <b>N19 W24130 RIVERWOOD DR</b> <b>WAUKESHA WI 53188</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <input checked="" type="checkbox"/> Delete <b>BARLOW, GEORGE M</b> <b>N19 W24130 RIVERWOOD DR</b> <b>WAUKESHA WI 53188</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVC</b> <input checked="" type="checkbox"/> Delete <b>ABRAMOWSKI, ROBERT J</b> <b>N19 W24130 RIVERWOOD DR</b> <b>WAUKESHA WI 53188</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <input checked="" type="checkbox"/> Delete <b>NUSSLE, PATRICIA A</b> <b>N19 W24130 RIVERWOOD DR</b> <b>WAUKESHA WI 53188</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <input checked="" type="checkbox"/> Delete <b>COFFINI, JOSEPH A</b> <b>N19 W24130 RIVERWOOD DR</b> <b>WAUKESHA WI 53188</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Caroline Dorsa</b> <b>One Merck Drive</b> <b>Whitehouse Station NJ 08889</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Debra Bollwage</b> <b>One Merck Drive</b> <b>Whitehouse Station NJ 08889</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert McGovern</b> <b>One Merck Drive</b> <b>Whitehouse Station NJ 08889</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Roger Jones</b> <b>100 Parsons Pond Drive</b> <b>Franklin Lakes NJ 07417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David Karlin</b> <b>100 Parsons Pond Drive</b> <b>Franklin Lakes NJ 07417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel Walden</b> <b>100 Parsons Pond Drive</b> <b>Franklin Lakes NJ 07417</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. McGovern Robert B. McGovern Vice President 908-423-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/00)

# Directors, Officers Report

ProVantage Health Services, Inc.

*Attachments*  
*# F0910000230*

Wednesday, April 04, 2001

80057391

## DIRECTORS

Caroline Dorsa  
Roger A. Jones  
David S. Machlowitz

Director  
Director  
Director

## OFFICERS

Roger A. Jones  
David S. Karlin  
Michael J. Romanzo  
George L. Shiebler  
Daniel C. Walden  
Raymond Carlucci  
Paul DeMarco  
Stefan Linn  
Robert D. Marotta  
Robert B. McGovern  
Thomas M. Moriarty  
John T. Toth  
Michelle Vancura  
David S. Machlowitz  
Debra Bollwage  
Caroline Dorsa  
Nancy V. Van Allen  
Daniel C. Walden

President  
Senior Vice President  
Senior Vice President  
Vice President - Contracts  
Senior Vice President, Regulatory & Managed Care Programs  
Vice President - Finance  
Vice President, Business Development  
Vice President - Marketing  
Vice President, Regulatory Counsel  
Vice President - Tax  
Assistant Counsel  
Vice President - Information Architecture & Development  
Vice President - Account Management  
Secretary  
Assistant Secretary  
Treasurer  
Assistant Secretary  
Assistant Secretary