

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91275 018 ***150.00

DOCUMENT # P36350



1. Entity Name
MAGELLAN HRSC, INC.

Principal Place of Business
**13736 RIVERPORT DRIVE
400
MARYLAND HEIGHTS MO 63043
US**

Mailing Address
**6950 COLUMBIA GATEWAY DR
SUITE #400
COLUMBIA MD 21046
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 34-1559960		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A.			NAME			
STREET ADDRESS	6666 POWERS FERRY ROAD., STE 100			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAYER, GREG			NAME			
STREET ADDRESS	13736 RIVERPORT DR			STREET ADDRESS			
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63403			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZAROFF, DENNIS J.			NAME			
STREET ADDRESS	13736 RIVERPORT DRIVE, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043			CITY-ST-ZIP			
TITLE	SVS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, ANDREW M.			NAME			
STREET ADDRESS	666 THIRD AVE 31ST FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10017			CITY-ST-ZIP			
TITLE	SVAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMILIO, MARK S			NAME			
STREET ADDRESS	6950 COLUMBIA GATEWAY DR., STE 400			STREET ADDRESS			
CITY-ST-ZIP	COLUMBIA MD 21046			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Dennis P. Moody			NAME			
STREET ADDRESS	6950 Columbia Gateway Drive			STREET ADDRESS			
CITY-ST-ZIP	Columbia MD 21046			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **DENNIS MOODY** 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)