

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36350

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MAGELLAN HRSC, INC.

## Current Principal Place of Business:

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046 US

## New Principal Place of Business:

## Current Mailing Address:

6950 COLUMBIA GATEWAY DR  
SUITE #400  
COLUMBIA, MD 21046 US

## New Mailing Address:

6950 COLUMBIA GATEWAY DRIVE  
COLUMBIA, MD 21046 US

FEI Number: 34-1559960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: DEMILIO, MARK S  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001 US

Title: VP ( ) Delete  
Name: LAZAROFF, DENNIS  
Address: 14100 MAGELLAN PLAZA  
City-St-Zip: MARYLAND HEIGHTS, MO 63043 US

Title: AS ( ) Delete  
Name: MCQUILLEN, MICHAEL P  
Address: 6950 COLUMBIA GATEWAY DRIVE  
City-St-Zip: COLUMBIA, MD 21046 US

Title: VP/S ( ) Delete  
Name: CUMMINGS, ANDREW M.  
Address: 65 BROADWAY, SUITE 904  
City-St-Zip: NEW YORK, NY 10006 US

Title: D ( ) Delete  
Name: LERER, RENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001

Title: D ( ) Delete  
Name: SHAPIRO, IRENE  
Address: 55 NOD ROAD  
City-St-Zip: AVON, CT 06001 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. DEMILIO

DPT

04/30/2008

Electronic Signature of Signing Officer or Director

Date