

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36350

Entity Name: MAGELLAN HRSC, INC.

Current Principal Place of Business:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046 US

FEI Number: 34-1559960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title DPT
Name RUBIN, JONATHAN N
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title VP
Name NEWLIN, LINTON C
Address 1203 4TH STREET SW
City-State-Zip: CULLMAN AL 35055

Title AS
Name MCQUILLEN, MICHAEL P
Address 6950 COLUMBIA GATEWAY DRIVE
City-State-Zip: COLUMBIA MD 21046

Title VP/S
Name CUMMINGS, ANDREW M
Address 1055 WASHINGTON BLVD.
City-State-Zip: STAMFORD CT 06901

Title D
Name SMITH, BARRY M
Address 4800 N. SCOTTSDALE ROAD
STE. 4400
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name GREGOIRE, DANIEL N
Address 55 NOD ROAD
City-State-Zip: AVON CT 06001

Title ASST. SECRETARY, VP
Name SMITH, MARGIE M
Address 1203 4TH STREET SW
City-State-Zip: CULLMAN AL 35055

Title VP
Name CHRISTIE, EDWARD
Address 6950 COLUMBIA GATEWAY DRIVE
City-State-Zip: COLUMBIA MD 21046

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I hereby 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 all other like empowered.

SIGNATURE: ANDREW M. CUMMINGS

SECRETARY

04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALCORN, TERESA
Address 4800 N. SCOTTSDALE ROAD
 STE. 4400
City-State-Zip: SCOTTSDALE AZ 85251