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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
158250	Health Management Systems, Inc.			
3. Street Address Principal Business Office		City	State	Zip
401 Park Avenue South		New York	NY	10016
4. Business Phone No.	5. State of Incorporation			
212-685-4545				

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
William C. Lucia					
Street Address			Street Address		
401 Park Avenue South					
City	State	Zip	City	State	Zip
New York	NY	10016			
Secretary Name			Treasurer Name		
Walter D. Hosp			Walter D. Hosp		
Street Address			Street Address		
401 Park Avenue South			401 Park Avenue South		
City	State	Zip	City	State	Zip
New York	NY	10016	New York	NY	10016

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Robert M. Halsten			Walter D. Hosp		
Street Address			Street Address		
401 Park Avenue South			401 Park Avenue South		
City	State	Zip	City	State	Zip
New York	NY	10016	New York	NY	10016
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

45,000,000 COMMON Par Val: .01
5,000,000 PREFERRED Par Val: .01

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	.01
NONE	Preferred	.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED

File Date MAR 11 2009

Check No. 23669

By:

FOR SECRETARY OF STATE USE ONLY

31567-2-355956

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date*

WALTER D. HOSP
Print or Type Name

CFO
Title

[redacted]

Form 630 Rev. 08/08