



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **108100** 2. Name of Corporation **QualityMetric Incorporated**

3. Street Address Principal Business Office **640 George Washington Highway** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **401-334-8200** 5. State of Incorporation **DELAWARE** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Development + delivery of health outcomes measurement tools**

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

President Name <b>John E Ware Jr.</b>	Vice President Name <b>Allyson Ross Davies</b>
Street Address <b>37 Noon Hill Rd</b>	Street Address <b>37 Noon Hill Rd</b>
City <b>Medfield</b> State <b>MA</b> Zip <b>02052</b>	City <b>Medfield</b> State <b>MA</b> Zip <b>02052</b>
Secretary Name <b>Edward Gildea</b>	Treasurer Name <b>none</b>
Street Address <b>11 Pleasant Valley Rd</b>	Street Address
City <b>Westwood</b> State <b>MA</b> Zip <b>02090</b>	City State Zip

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

Director Name <b>J E Ware</b>	Director Name <b>Allyson Ross Davies</b>
Street Address <b>see above</b>	Street Address <b>see above</b>
City State Zip	City State Zip
Director Name <b>James E Ducey</b>	Director Name <b>Albert Waxman - Psilos Group</b>
Street Address <b>18 Jennifer Court</b>	Street Address <b>675 Avenue of the Americas 4th Fl</b>
City <b>Narragansett</b> State <b>RI</b> Zip <b>02882</b>	City <b>New York</b> State <b>NY</b> Zip <b>10011</b>

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
<b>22,402,520</b>		<b>\$.01 PAR VALUE</b>

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
<b>5,850,876</b>	<b>Common</b>	<b>.001</b>
<b>1,140,000</b>	<b>Preferred</b>	<b>.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 8 1 0 0 \*

File Date: 5-5-03  
Check No.: 4279  
By: [Signature]

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 of Officer: [Signature] Date: 3/11/03  
Print or Type Name of Officer: John E. Ware, Jr.

Title of Officer: Chief Executive Officer

QUALITYMETRIC INCORPORATED

DIRECTORS, CONTINUED

George Emont  
Humana, Inc.  
500 West Main Street  
PO Box 1438  
Louisville, KY 40201-1438