



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS,
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

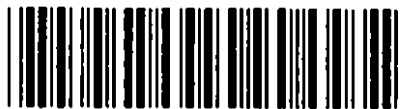
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109559		2. Name of Corporation MAGELLAN HRSC, INC.			
3. Street Address Principal Business Office 6950 Columbia Gateway Drive			City Columbia	State MD	Zip 21046
4. Business Phone No. 410-953-4000		5. State of Incorporation OHIO		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island HUMAN RESOURCES AND PAYROLL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew M. Cummings Mark S. Demilio			Vice President Name Dennis Moody		
Street Address 16 Munson Road			Street Address 6950 Columbia Gateway Drive		
City Farmington	State CT	Zip 06032	City Columbia	State MD	Zip 21046
Secretary Name Andrew M. Cummings			Treasurer Name Mark S. Demilio		
Street Address 90 William Street, Ste 1002			Street Address 16 Munson Road		
City New York	State NY	Zip 10038	City Farmington	State CT	Zip 06032
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mark S. Demilio			Director Name Irene Shapiro		
Street Address 16 Munson Road			Street Address 16 Munson Road		
City Farmington	State CT	Zip 06032	City Farmington	State CT	Zip 06032
Director Name Rene Lerer			Director Name		
Street Address 16 Munson Road			Street Address		
City Farmington	State CT	Zip 06032	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM NO PAR VALUE			200	COMMON	NO PAR.

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



109559

File Date **FILED** 913880
Check No. FEB 24 2005
By: KP
FOR SECRETARY OF STATE USE ONLY

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 Mark S. Demilio Date 2/23/05
Print or Type Name of Officer MARK S. DEMILIO
Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109559		2. Name of Corporation MAGELLAN HRSC, INC.		
3. Street Address Principal Business Office 6950 Columbia Gateway Drive		City Columbia	State MD	Zip 21046
4. Business Phone No. (410) 953-1000		5. State of Incorporation OHIO		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island HUMAN RESOURCES AND PAYROLL.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Gregory Bayer		Vice President Name Dennis Lazaroff		
Street Address 14100 Magellan Plaza		Street Address 14100 Magellan Plaza		
City Maryland Hgts	State mo	Zip 63043	City Maryland Heights	State mo
Secretary Name Andrew M. Cummings		Treasurer Name Mark S. Demilio		
Street Address 90 William Street		Street Address 6950 Columbia Gateway Drive		
City New York	State NY	Zip 10038	City Columbia	State MD
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Dennis P. Moody		Director Name Megan M. Arthur		
Street Address 6950 Columbia Gateway Drive		Street Address 6950 Columbia Gateway Drive		
City Columbia	State MD	Zip 21046	City Columbia	State MD
Director Name Mark S. Demilio		Director Name		
Street Address 6950 Columbia Gateway Drive		Street Address		
City Columbia	State MD	Zip 21046	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
10,000	Comm	NO PAR	200	Comm
10,000 COMM NO PAR VALUE				

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



* 1 0 9 5 5 9 *

File Date: 2/26/04
Check No.: 787887
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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: 2/13/04
Print or Type Name of Officer: MARK S. DEMILIO
Title of Officer: TREASURER



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 3 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **109559**
2. Name of Corporation **MAGELLAN HRSC, INC.**
3. Street Address Principal Business Office
6950 Columbia Gateway Drive
4. Business Phone No. **(410) 953-1000** 5. State of Incorporation **OHIO**
7. Brief Description of the Character of Business Conducted in Rhode Island
Services related to the provision of managed behavioral healthcare

City **Columbia** State **MD** Zip **21046**
6. SIC Code **0**

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

President Name **Gregory Bayer**
Street Address **141000 Magellan Plaza**
City **Maryland Heights** State **MO** Zip **63043**
Secretary Name **Andrew Cummings**
Street Address **466 Third Avenue, 31st Flr**
City **New York** State **NY** Zip **10017**

Vice President Name **Mark S. Demilio**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**
Treasurer Name **Charlotte A. Sanford**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**

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

Director Name **Megan M. Arthur**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**
Director Name **Mark S. Demilio**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**

Director Name **Bennis P. Moody**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common No Par

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



* 1 0 9 5 5 9 *

File Date: **2-28-03**
Check No.: **596221**
By: _____

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 **2-24-03**

Print or Type Name of Officer **Mark S. Demilio**

Title of Officer **Sr. Vice President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109559**
2. Name of Corporation **MAGELLAN HRSC, INC.**
3. Street Address Principal Business Office
6950 Columbia Gateway Drive
4. Business Phone No. **(410) 953-4702** 5. State of Incorporation **OHIO**

City **Columbia** State **MD** Zip **21046**
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Managed Behavioral Healthcare

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

President Name **Gregory A. Bayer**
Street Address **13736 Riverport Drive**
City **Maryland Heights** State **MO** Zip **63043**
Secretary Name **Andrew M. Cummings**
Street Address **666 Third Avenue, 13th Floor**
City **New York** State **NY** Zip **10017**

Vice President Name **Mark S. Demilio**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**
Treasurer Name **Charlotte A. Sanford**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**

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

Director Name **Megan Arthur**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**
Director Name **Mark Demilio**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**

Director Name **Dennis Moody**
Street Address **6950 Columbia Gateway Drive**
City **Columbia** State **MD** Zip **21046**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	COMM	NO PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	no par

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



* 1 0 9 5 5 9 *

File Date: 2-27-02
Check No.: 454813
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.
Megan M. Arthur 2-25-02
Signature of Officer Date
Megan M. Arthur
Print or Type Name of Officer
Assistant Secretary
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109559** 2. Name of Corporation **Merit Behavioral Care Systems Corporation - Magellan HRSC, Inc.**
 3. Street Address Principal Business Office **6950 Columbia Gateway Drive, # 400** City **Columbia** State **MD** Zip **21046**
 4. Business Phone No. **(410) 953-1000** 5. State of Incorporation **OHIO** 6. SIC Code **8**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Healthcare**

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

President Name **Dennis Moody** Vice President Name **Mark S. Deimilio**
 Street Address **6950 Columbia Gateway Drive, Suite 400** Street Address **6950 Columbia Gateway Dr. # 400**
 City **Columbia** State **MD** Zip **21046** City **Columbia** State **MD** Zip **21046**
 Secretary Name **Andrew Cummings** Treasurer Name **Charlotte A. Sanford**
 Street Address **666 Third Avenue, 3rd Floor** Street Address **666 Powers Ferry Rd, # 100**
 City **New York** State **NY** Zip **10017** City **Atlanta** State **GA** Zip **30339**

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

Director Name **James R. Bedenbaugh** Director Name _____
 Street Address _____ Street Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Director Name **Charlotte Sanford** Director Name _____
 Street Address **666 Powers Ferry Road, # 100** Street Address _____
 City **Atlanta** State **GA** Zip **30339** City _____ State _____ Zip _____

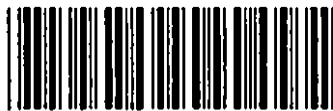
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
10,000 COMM NO PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
200 common no par

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



* 1 0 9 5 5 9 *

FILED **MAR 05 2001**
 File Date: **MAR 05 2001**
 Check No.: **10110137**
 By: **[Signature]**
 FOR SECRETARY OF STATE USE ONLY

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] 2/26/01
 Signature of Officer Date
Mark S. Deimilio
 Print or Type Name of Officer
Sr Vice President & Asst. Secty
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109559** 2. Name of Corporation **Magellan HRSC, Inc.** *New Name:* **Ment Behavioral Care Systems Corp.**
3. Street Address Principal Business Office **6950 Columbia Gateway Drive, Suite 400** City **Columbia** State **MD** Zip **21046**
4. Business Phone No. **410-953-1000** 5. State of Incorporation **OHIO** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Healthcare, Human Resources

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

<p>President Name Gregory Bayer Street Address 13136 Riverport Drive City Maryland Heights State MO Zip 63043</p> <p>Secretary Name Andrew M. Cummings Street Address 666 Third Avenue, 13th Floor City New York State NY Zip 10017</p>	<p>Vice President Name Dennis Moody Street Address 6950 Columbia Gateway Drive, Suite 400 City Columbia State MD Zip 21046</p> <p>Treasurer Name Charlotte A. Sanford Street Address 577 Mulberry Street City Mason State GA Zip 31201</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name James R. Bedenbaugh Street Address 3500 Piedmont Road, NE, Suite 715 City Atlanta State GA Zip 30305</p> <p>Director Name Charlotte A. Sanford Street Address 577 Mulberry Street City Mason State GA Zip 31201</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000	COMM NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	no par value

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



* 1 0 9 5 5 9 *

File Date: **FILED**

Check No.: **FEB 28 2000**

By: **[Signature]** 01090352

FOR SECRETARY OF STATE USE ONLY

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]
Signature of Officer Date

Dennis Moody
Print or Type Name of Officer

Executive Vice President
Title of Officer