

1.) CORPORATION NAME: <b>MERIDIAN ONE CORPORATION</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MERIDIAN IMAGING SOLUTIONS, INC.          5775 GENERAL WASHINGTON DR          ALEXANDRIA, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>8/31/2014</b> SCC ID NO: <b>03075777</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5775 GENERAL WASHINGTON DR CITY/ST/ZIP: ALEXANDRIA, VA 22312
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RICHARD C SULLIVAN TITLE: PRES/SEC ADDRESS: 109 GUADELOUPE LANE CITY/ST/ZIP/CO: BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TERESA E SULLIVAN TITLE: SECRETARY ADDRESS: 109 GUADALOUPE LN CITY/ST/ZIP/CO: BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ RICHARD C SULLIVAN	RICHARD C SULLIVAN, PRES/SEC	2/27/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.