

1.) CORPORATION NAME:

**InfoCision Management Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **7/30/2010**

SCC ID NO: **F1114315**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 325 SPRINGSIDE DRIVE

CITY/ST/ZIP: AKRON, OH 44333-

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: CARL ALBRIGHT  
TITLE: PRESIDENT  
ADDRESS: 3637 TORREY PINES  
CITY/ST/ZIP/CO: AKRON, OH 44333-

OFFICER

DIRECTOR

NAME: STEVE BOYAZIS  
TITLE: PRESIDENT  
ADDRESS: 3660 ROBERTS RIDGE  
CITY/ST/ZIP/CO: BATH, OH 44333-

OFFICER

DIRECTOR

NAME: STEVE BRUBAKER  
TITLE: CHIEF OF STAFF  
ADDRESS: 75 BARTON DRIVE  
CITY/ST/ZIP/CO: MUNROE FALLS, OH 44262-

OFFICER

DIRECTOR

NAME: KEN DAWSON  
TITLE: CHF MRKTNG OFFC  
ADDRESS: 3450 ASHTON DRIVE  
CITY/ST/ZIP/CO: UNIONTOWN, OH 44685-

OFFICER

DIRECTOR

NAME: KAREN TAYLOR  
TITLE: CORPORATE VP  
ADDRESS: 4568 GRANGER RD  
CITY/ST/ZIP/CO: AKRON, OH 44333-

OFFICER

DIRECTOR

NAME: CRAIG TAYLOR TITLE: SECRETARY ADDRESS: 299 ASHFORD DR CITY/ST/ZIP/CO: COPLEY, OH 44321-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LINDSAY TADSEN TITLE: ASST SECRETARY ADDRESS: 261 SOMERSET RD CITY/ST/ZIP/CO: AKRON, OH 44313-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DAVE HAMRICK TITLE: CFO ADDRESS: 2477 COUNTRY CLUB DR. CITY/ST/ZIP/CO: UNIONTOWN, OH 44685-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL LANGENFELD TITLE: EVP CALL CTR OP ADDRESS: 8550 DRUMMOND DR CITY/ST/ZIP/CO: MASSILLON, OH 44646-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MIKE VANSCYOC TITLE: CHIEF STRATEGY ADDRESS: 760 BERWICK CT CITY/ST/ZIP/CO: COPLEY, OH 44321-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MICHAEL WHITE TITLE: CHIEF TECHNICAL ADDRESS: 856 GHENT RIDGE RD. CITY/ST/ZIP/CO: AKRON, OH 44333-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JIM DIES TITLE: SVP FULFILLMENT ADDRESS: 16434 CHIBIABOS TRAIL CITY/ST/ZIP/CO: DOYLESTOWN, OH 44230-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: BRAD WHITE TITLE: SVP VALUED ACCT ADDRESS: 1800 ROCKBRIDGE CT CITY/ST/ZIP/CO: CANTON, OH 44709-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KATHLEEN GADD TITLE: GENERAL COUNSEL ADDRESS: 18026 SARATOGA TRAIL CITY/ST/ZIP/CO: STRONGSVILLE, OH 44136-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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/ KATHLEEN GADD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN GADD, GENERAL COUNSEL PRINTED NAME AND CORPORATE TITLE	7/27/2010 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.				