

1.) CORPORATION NAME:

InfoCision Management Corporation

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

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.

<p>NAME: STEVE BOYAZIS TITLE: President ADDRESS: 3660 ROBERTS RIDGE CITY/ST/ZIP/CO: BATH, OH 44333</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KAREN TAYLOR TITLE: Board Chairman ADDRESS: 4568 GRANGER RD CITY/ST/ZIP/CO: AKRON, OH 44333</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CRAIG TAYLOR TITLE: CEO ADDRESS: 299 ASHFORD DR CITY/ST/ZIP/CO: COPLEY, OH 44321</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVE HAMRICK TITLE: CFO ADDRESS: 2477 COUNTRY CLUB DR. CITY/ST/ZIP/CO: UNIONTOWN, OH 44685</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LINDSAY TADSEN TITLE: ASST SECRETARY ADDRESS: 261 SOMERSET RD CITY/ST/ZIP/CO: AKRON, OH 44313</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVE BRUBAKER TITLE: CHIEF OF STAFF ADDRESS: 75 BARTON DRIVE CITY/ST/ZIP/CO: MUNROE FALLS, OH 44262</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MICHAEL LANGENFELD TITLE: COO ADDRESS: 8550 DRUMMOND DR CITY/ST/ZIP/CO: MASSILLON, OH 44646	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MIKE VANSYOC 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	
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/ STEVE BRUBAKER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE BRUBAKER, CHIEF OF STAFF _____ PRINTED NAME AND CORPORATE TITLE	7/22/2013 _____ 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.		