

1.) CORPORATION NAME: MRI Contract Staffing, Inc.	DUE DATE: 4/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F1162728
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: OH	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1717 Arch St., 35th Floor

CITY/ST/ZIP: Philadelphia, PA 19103-2768

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: Robert K. Romaine, Jr. TITLE: PRESIDENT ADDRESS: 1717 Arch St., 35th Fl. CITY/ST/ZIP/CO: Philadelphia, PA 19103-2768	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Thomas S. Verratti TITLE: TREAS / VP ADDRESS: 1717 ARCH ST. CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-2768	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MICHAEL K. RODE TITLE: SECRETARY ADDRESS: 1717 Arch St., 35th Floor CITY/ST/ZIP/CO: Philadelphia, PA 19103-2768	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: Craig H. Lewis TITLE: ASST SECRETARY ADDRESS: 1717 Arch St., 35th Floor CITY/ST/ZIP/CO: Philadelphia, PA 19103-2768	<input checked="" type="checkbox"/> OFFICER	<input 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/ Craig H.Lewis	Craig H.Lewis,	3/27/2013
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.