

1.) CORPORATION NAME:

Merge Healthcare Solutions Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1460676**

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 WALNUT RIDGE DRIVE

CITY/ST/ZIP: HARTLAND, WI 53029

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:	JUSTIN C. DEARBORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 EAST RANDOLPH STREET SUITE 2435		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		
NAME:	ANN G. MAYBERRY-FRENCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 EAST RANDOLPH STREET SUITE 2435		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		
NAME:	JULIE ANN B. SCHUMITSCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	900 WALNUT RIDGE DRIVE		
CITY/ST/ZIP/CO:	HARTLAND, WI 53029		
NAME:	STEVEN M. ORESKOVICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	900 WANUT RIDGE DRIVE		
CITY/ST/ZIP/CO:	HARTLAND, WI 53029		
NAME:	JUSTIN C. DEARBORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 EAST RANDOLPH DRIVE SUITE 2435		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN G. MAYBERRY-FRENCH DIRECTOR 200 EAST RANDOLPH STREET SUITE 2435 CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN M. ORESKOVICH DIRECTOR 900 WALNUT RIDGE DRIVE HARTLAND, WI 53029	<input 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/ JULIE ANN B. SCHUMITSCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIE ANN B. SCHUMITSCH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/28/2013 DATE
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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.