

1.) CORPORATION NAME:

Merge Healthcare Solutions Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1460676**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JUSTIN C. DEARBORN	
TITLE:	PRESIDENT	
ADDRESS:	350 North Orleans Street First Floor	
CITY/ST/ZIP/CO:	CHICAGO, IL 60654	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN M. ORESKOVICH	
TITLE:	TREASURER	
ADDRESS:	900 WAINUT RIDGE DRIVE	
CITY/ST/ZIP/CO:	HARTLAND, WI 53029	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Justin C. Dearborn	
TITLE:	SECRETARY	
ADDRESS:	350 North Orleans Street First Floor	
CITY/ST/ZIP/CO:	CHICAGO, IL 60654	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JULIE ANN B. SCHUMITSCH	
TITLE:	ASST SECRETARY	
ADDRESS:	900 WALNUT RIDGE DRIVE	
CITY/ST/ZIP/CO:	HARTLAND, WI 53029	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JUSTIN C. DEARBORN	
TITLE:	DIRECTOR	
ADDRESS:	350 North Orleans Street First Floor	
CITY/ST/ZIP/CO:	CHICAGO, IL 60654	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN M. ORESKOVICH	
TITLE:	DIRECTOR	
ADDRESS:	900 WALNUT RIDGE DRIVE	
CITY/ST/ZIP/CO:	HARTLAND, WI 53029	

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.

<u>/s/ JULIE ANN B. SCHUMITSCH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JULIE ANN B. SCHUMITSCH, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/28/2014</u> 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.