

1.) CORPORATION NAME:

Merge Healthcare Solutions Inc.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1460676**

RICHMOND, VA

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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:	350 NORTH ORLEANS STREET FIRST FLOOR CHICAGO, IL 60654		
CITY/ST/ZIP/CO:			
NAME:	STEVEN M. ORESKOVICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	900 WALNUT RIDGE DRIVE HARTLAND, WI 53029		
CITY/ST/ZIP/CO:			
NAME:	JUSTIN C. DEARBORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	350 NORTH ORLEANS STREET FIRST FLOOR CHICAGO, IL 60654		
CITY/ST/ZIP/CO:			
NAME:	JULIE ANN B. SCHUMITSCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	900 WALNUT RIDGE DRIVE HARTLAND, WI 53029		
CITY/ST/ZIP/CO:			
NAME:	JUSTIN C. DEARBORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 NORTH ORLEANS STREET FIRST FLOOR CHICAGO, IL 60654		
CITY/ST/ZIP/CO:			
NAME:	STEVEN M. ORESKOVICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	900 WALNUT RIDGE DRIVE HARTLAND, WI 53029		
CITY/ST/ZIP/CO:			

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>3/2/2015</u> 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.