

1.) CORPORATION NAME:

DMS Imaging, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1523309**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000
COMNV	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

ND

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 NORTH UNIVERSITY DR

CITY/ST/ZIP: FARGO, ND 58102

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 J JOUBRAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	360 N CRESCENT DR SOUTH BLDG. BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			
NAME:	STACIE HEIDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2101 N UNIVERSITY DRIVE FARGO, ND 58102		
CITY/ST/ZIP/CO:			
NAME:	SALLY A WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	360 N CRESCENT DR. SOUTH BLDG. BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			
NAME:	PAUL WILSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2101 N UNIVERSITY DRIVE FARGO, ND 58102		
CITY/ST/ZIP/CO:			
NAME:	EVA M KALAWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	360 N CRESCENT DR SOUTH BLDG. BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			
NAME:	Stephen Zollo	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	360 N. CRESCENT DRIVE South Building BEVERLY HILLS, CA 90210		
CITY/ST/ZIP/CO:			

NAME:	Mary Ann Sigler	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	360 N. CRESCENT DRIVE		
CITY/ST/ZIP/CO:	South Building BEVERLY HILLS, CA 90210		

NAME:	Dawn Walloch	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	360 N. CRESCENT DRIVE		
CITY/ST/ZIP/CO:	South Building BEVERLY HILLS, CA 90210		

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/ SALLY A WARD	SALLY A WARD, ASST	9/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.