

1.) CORPORATION NAME:

**IMRIS INC.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCRP SERVICES INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA**

SCC ID NO: **F1756412**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	9,999,999,999
PREFER	9,999,999,999

4.) STATE OR COUNTRY OF INCORPORATION:

**FN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5101 SHADY OAK RD

CITY/ST/ZIP: MINNETONKA, MN 55343

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:	H DAVID GRAVES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5101 SHADY OAK RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	KELLY MCNEILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	5101 SHADY OAK RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	STEVE ARMSTRONG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5101 SHADY OAK RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	JAMES HICKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5101 SHADY OAK RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	CAREY DIAMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5101 SHADY OAK RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME:	WILLIAM FRASER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5101 SHADY OAK RD		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55343		

NAME: BLAINE HOBSON TITLE: DIRECTOR ADDRESS: 5101 SHADY OAK RD CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAY D MILLER TITLE: PRESIDENT ADDRESS: 5101 SHADY OAK RD CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" 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/ KELLY MCNEILL	KELLY MCNEILL, CFO	6/2/2014
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.