

1.) CORPORATION NAME:

**Merz Aesthetics, Inc.**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1785759**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4215 TUDOR LN

CITY/ST/ZIP: GREENSBORO, NC 27410

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:	ADAM GRIDLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4133 COURTNEY RD STE 10		
CITY/ST/ZIP/CO:	FRANKSVILLE, WI 53126		
NAME:	JEFFREY HAIGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4133 COURTNEY RD STE 10		
CITY/ST/ZIP/CO:	FRANKSVILLE, WI 53126		
NAME:	WILLIAM HUMPHRIES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4215 TUDOR LN		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		
NAME:	NORMAN SELBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4215 TUDOR LN		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		
NAME:	MATTHIAS VOGT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4215 TUDOR LN		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		
NAME:	KATRINA CHURCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CCO		
ADDRESS:	4215 TUDOR LN		
CITY/ST/ZIP/CO:	GREENSBORO, NC 27410		

NAME: REETA WHITNEY TITLE: ASST CCO ADDRESS: 4215 TUDOR LN CITY/ST/ZIP/CO: GREENSBORO, NC 27410	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM EDWARDS TITLE: SECRETARY ADDRESS: 4215 TUDOR LN CITY/ST/ZIP/CO: GREENSBORO, NC 27410	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PHILIP BURCHARD TITLE: DIRECTOR ADDRESS: 4215 TUDOR LN CITY/ST/ZIP/CO: GREENSBORO, NC 27410	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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/ JEFFREY HAIGH	JEFFREY HAIGH, TREASURER	4/30/2013
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.		