

1.) CORPORATION NAME: Merkle Response Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 1/31/2014 SCC ID NO: F1846817 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 100 JAMISON COURT CITY/ST/ZIP: HAGERSTOWN, MD 21740

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: WILLIAM SAYRE TITLE: PRESIDENT ADDRESS: 100 JAMISON COURT CITY/ST/ZIP/CO: HAGERSTOWN, VA 21740	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: DAVID S WILLIAMS TITLE: CEO ADDRESS: 7001 COLUMBIA GATEWAY DRIVE CITY/ST/ZIP/CO: COLUMBIA, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------

NAME: JASON REIS TITLE: SECRETARY ADDRESS: 7001 COLUMBIA GATEWAY DRIVE CITY/ST/ZIP/CO: COLUMBIA, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: MICHELLE WILLIAMS TITLE: ASST SECRETARY ADDRESS: 7001 COLUMBIA GATEWAY DRIVE CITY/ST/ZIP/CO: COLUMBIA, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

NAME: JEAN HOLDER TITLE: TREASURER ADDRESS: 7001 COLUMBIA GATEWAY DR. CITY/ST/ZIP/CO: COLUMBIA, MD 21046	<input checked="" type="checkbox"/> OFFICER	<input 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/ WILLIAM SAYRE	WILLIAM SAYRE, PRESIDENT	1/10/2014
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.