

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005145

FILED
Apr 05, 2010
Secretary of State

Entity Name: MERGE HEALTHCARE INCORPORATED

Current Principal Place of Business:

6737 WEST WASHINGTON STREET, SUITE 2250
MILWAUKEE, WI 532145650

New Principal Place of Business:

6737 WEST WASHINGTON STREET
SUITE 2250
MILWAUKEE, WI 532145650

Current Mailing Address:

6737 WEST WASHINGTON STREET, SUITE 2250
MILWAUKEE, WI 532145650

New Mailing Address:

6737 WEST WASHINGTON STREET
SUITE 2250
MILWAUKEE, WI 532145650

FEI Number: 39-1600938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/05/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: DEARBORN, JUSTIN C
Address: 200 EAST RANDOLPH STREET, SUITE 2435
City-St-Zip: CHICAGO, IL 60601

Title: TCFO
Name: ORESKOVICH, STEVEN M
Address: 6737 WEST WASHINGTON STREET, SUITE 2250
City-St-Zip: MILWAUKEE, WI 532145650

Title: VPS
Name: MAYBERRY-FRENCH, ANN G
Address: 6737 WEST WASHINGTON STREET, SUITE 2250
City-St-Zip: MILWAUKEE, WI 532145650

Title: AS
Name: SCHUMITSCH, JULIE ANN B
Address: 6737 WEST WASHINGTON STREET, SUITE 2250
City-St-Zip: MILWAUKEE, WI 532145650

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE ANN B. SCHUMITSCH

AS

04/05/2010

Electronic Signature of Signing Officer or Director

Date