

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000804

Entity Name: MERGE HEALTHCARE SOLUTIONS INC.

Current Principal Place of Business:

900 WALNUT RIDGE DRIVE
HARTLAND, WI 53029

Current Mailing Address:

900 WALNUT RIDGE DRIVE
HARTLAND, WI 53029

FEI Number: 59-2248411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KOENIG, NANCY J.
Address 71 SOUTH WACKER DRIVE
 20TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title VP
Name WARZECHA, ANDREW
Address 71 SOUTH WACKER DRIVE
 20TH FLOOR
City-State-Zip: CHICAGO IL 60606

Title SECRETARY
Name FLINT, LAWRENCE B.
Address ONE ROGERS STREET
City-State-Zip: CAMBRIDGE MA 02142

Title TREASURER
Name BEAUMONT, SIMON J.
Address ONE NEW ORCHARD ROAD
City-State-Zip: ARMONK NY 10504

Title ASSISTANT SECRETARY
Name DOBBS, SHARON
Address 11501 BURNET ROAD
City-State-Zip: AUSTIN TX 78758

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: SHARON DOBBS

ASSISTANT SECRETARY 04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date