

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/05/2008		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Merge Healthcare Incorporated		11/21/2008	CORPORATION: WISCONSIN
RECEIVING PARTY DATA			
Name:	Merge Healthcare Incorporated		
Street Address:	200 E. Randolph Street		
Internal Address:	Suite 2435		
City:	Chicago		
State/Country:	ILLINOIS		
Postal Code:	60601		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3603235	MERGE HEALTHCARE	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	lmkonkel@michaelbest.com		
Correspondent Name:	Michael Best & Friedrich LLP		
Address Line 1:	One South Pinckney Street		
Address Line 2:	Suite 700		
Address Line 4:	Madison, WISCONSIN 53701		
ATTORNEY DOCKET NUMBER:	026436-9113		
NAME OF SUBMITTER:	Laura M. Konkel		

Signature:	/Laura M. Konkel/
Date:	06/13/2013
Total Attachments: 3 source=Merge Healthcare Incorporated (WI) -- Merge Healthcare Incorporated (DE) [merger] - # 13206256 v 1#page1.tif source=Merge Healthcare Incorporated (WI) -- Merge Healthcare Incorporated (DE) [merger] - # 13206256 v 1#page2.tif source=Merge Healthcare Incorporated (WI) -- Merge Healthcare Incorporated (DE) [merger] - # 13206256 v 1#page3.tif	

Sec. 180.11045 and
180.1105, Wis.
Stats.
2008 DEC -3 AM 10:28

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



ARTICLES OF MERGER
Domestic and Foreign For-Profit Corporations

1. Non-Surviving Parties to the Merger:

Corporation Name: Merge Healthcare Incorporated	Organized under the laws of Wisconsin (state or country)
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Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

☐ Yes ☒ No

If yes, the surviving corporation is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Corporation Name:	Organized under the laws of (state or country)
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Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

☐ Yes ☐ No

If yes, the surviving corporation is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Schedule more non-surviving parties as an additional page and indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate.

DEC 01 2008 10:41 AM
432871 DCORP150

\$150.00

2. Surviving Corporation:

Corporation Name: Merge Healthcare Incorporated	Organized under the laws of Delaware (state or country)
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3. Indicate below if the surviving corporation is an indirect wholly owned subsidiary or parent:

☐ The surviving corporation is a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent and the merger was approved in accordance with sec. 180.11045 and the requirements of sec. 180.11045(2) have been satisfied.

☒ The surviving corporation is not a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent.

FILING FEE - \$150.00

DFI/CORP/2001(C06/06)

4. The plan of merger has been approved and adopted by each corporation that is a party to the merger as required under sec. 180.1103 or 180.1104, Wis. Stats., as applicable.

5. A. The articles of incorporation of the surviving corporation are amended as follows:

OR

B. If there are no amendments, indicate the name of the corporation that is a party to the merger whose articles of incorporation will be the articles of incorporation of the surviving corporation:

Merge Healthcare Incorporated, a Delaware corporation

6. The executed plan of merger is on file at the principal place of business of the surviving corporation.

7. The surviving corporation will provide a copy of the plan of merger, upon request and without cost, to any shareholder of a corporation that was a party to the merger or, upon payment to the surviving corporation of an amount equal to the cost of producing the copy, to any other interested person.

8. (OPTIONAL) Effective Date and Time of Merger

These articles of merger, when filed, shall be effective on 12/05/2008 (date) at _____ (time).

(An effective date declared under this article may not be earlier than the date the document is delivered to the department for filing, nor more than 90 days after its delivery. If no effective date and time is declared, the effective date and time will be determined by sec.180.0123.

9. Executed on November 21, 2008 (date)
by the surviving corporation on behalf of all parties
to the merger.

Mark (X) below the title of the person executing the document.

Title: ☐ President OR ☐ Secretary
or other officer title Chief Executive Officer


(Signature)

Justin C. Dearborn
(Printed Name)

This document was drafted by: Julie Ann B. Schumitsch
(Name the individual who drafted the document)

Fee simple ownership interest ☐ Yes ☒ No (for DFI use only)

ARTICLES OF MERGER

\$ 150.00

☒ Domestic and Foreign Business Corporations

Merger: Merge Healthcare Incorporated (01 M036790)

Info: Merge Healthcare Incorporated (02 M073954)

JULIE ANN SCHUMITSCH

MERGE HEALTHCARE

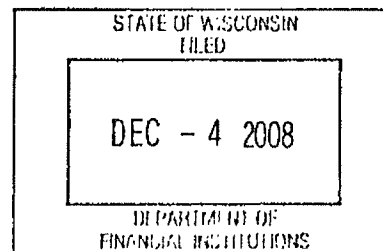
6737 W WASHINGTON ST STE 2250

MILWAUKEE WI 53214-5650

L EFFECTIVE DATE: December 5, 2008

▲ Enter your return address within the bracket above.

Phone number during the day: () -



INSTRUCTIONS (Ref. Sec. 180.11045 and 180.1105, Wis. Stats. for document content)

Submit one original and one exact copy along with the required filing fee of \$150.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise allowed under 180.0103(16).

Mailing Address: Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 345 W. Washington Ave - 3 rd Fl. Madison WI 53703	Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818
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NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the corporation name and state or country of organization of each non-surviving party to the merger. Definitions of foreign entity types are set forth in sec. 180.0103 (9), Wis. Stats. Select yes or no to indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate. See sec. 73.14 and 77.25, Wis. Stats., or contact the Wisconsin Department of Revenue at (608)266-1594 for questions regarding fee simple ownership interest and the filing requirements with that department.
2. Enter the corporation name (prior to any amendment to change the name) and state or country of organization of the surviving corporation.
3. Indicate whether the surviving corporation is an indirect wholly owned subsidiary or parent. See sec. 180.11045, Wis. Stats. for requirements. See sec. 180.11045(1)(b), Wis. Stats. for definition.
4. This statement is required per sec. 180.1105 (1)(cm) of the Wis. Stats.
5. A. OR B. Indicate any amendments to the articles of incorporation of the surviving corporation in section A. If there are no amendments, indicate the name of the corporation that is a party to the merger whose articles of incorporation will be the articles of incorporation of the surviving corporation in section B.
6. This statement is required per sec. 180.1105(f) of the Wis. Stats.
7. This statement is required per sec. 180.1105(g) of the Wis. Stats.
8. (Optional) If the merger is to take effect at a time other than the close of business on the day the articles of merger are delivered to the department for filing, state the effective date or date and time. An effective date may not be earlier than the date the document is delivered to the Department of Financial Institutions, nor a date more than 90 days after its delivery.
9. Enter the date of execution and the name and title of the person signing the document. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

DFI/CORP/2001(C06/06)

3