

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003094

Entity Name: COMVERGE INC.

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

55 NORTH Q STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

4497 PARK DRIVE
NORCROSS, GA 30093

New Mailing Address:

FEI Number: 22-3543611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECCESE, JOSEPH J
55 NORTH Q STREET
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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: JOSEPH J LECCESE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CHISTE, ROBERT M
Address: 120 EAGLE ROCK AVENUE
City-St-Zip: EAST HANOVER, NJ 07936

Title: P () Delete
Name: MAGNOTTI, FRANK
Address: 120 EAGLE ROCK AVENUE
City-St-Zip: EAST HANOVER, NJ 07936

Title: SCFO () Delete
Name: WREN, T. WAYNE
Address: 4497 PARK DRIVE
City-St-Zip: NORCROSS, GA 30093

Title: CONT () Delete
Name: BRADLEY, ROBIN A
Address: 4497 PARK DRIVE
City-St-Zip: NORCROSS, GA 30093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAYNE T WREN

SCFO

10/06/2005

Electronic Signature of Signing Officer or Director

Date