

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003094

Entity Name: COMVERGE INC.

FILED  
May 27, 2010  
Secretary of State

## Current Principal Place of Business:

3950 SHACKLEFORD ROAD  
SUITE 400  
DULUTH, GA 30096

## New Principal Place of Business:

5390 TRIANGLE PARKWAY  
SUITE 300  
NORCROSS, GA 30092

## Current Mailing Address:

3950 SHACKLEFORD ROAD  
SUITE 400  
DULUTH, GA 30096

## New Mailing Address:

5390 TRIANGLE PARKWAY  
SUITE 300  
NORCROSS, GA 30092

FEI Number: 22-3543611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

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  
Name: DREYER, ALEC G  
Address: 5390 TRIANGLE PARKWAY, SUITE 300  
City-St-Zip: NORCROSS, GA 30092

Title: P  
Name: YOUNG, R. BLAKE  
Address: 5390 TRIANGLE PARKWAY, SUITE 300  
City-St-Zip: NORCROSS, GA 30092

Title: SEC  
Name: SMITH, MATTHEW H  
Address: 5390 TRIANGLE PARKWAY, SUITE 300  
City-St-Zip: NORCROSS, GA 30092

Title: CFO  
Name: PICCHI, MICHAEL  
Address: 5390 TRIANGLE PARKWAY, SUITE 300  
City-St-Zip: NORCROSS, GA 30092

Title: AS  
Name: COX, MARCIA  
Address: 5390 TRIANGLE PARKWAY, SUITE 300  
City-St-Zip: NORCROSS, GA 30092

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: /S/ MARCIA COX

AS

05/27/2010

Electronic Signature of Signing Officer or Director

Date