2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 29, 2011
Secretary of State

DOCUMENT# F03000003094

Entity Name: COMVERGE INC.

Current Principal Place of Business:

5390 TRIANGLE PARKWAY
SUITE 300
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

5390 TRIANGLE PARKWAY
SUITE 300
NORCROSS, GA 30092

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:

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: CARINA L. DUNLAP, ASSISTANT VICE PRESIDENT
Electronic Signature of Registered Agent Date

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: MATHIESON, DAVID
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: MARCIA COX AS 11/29/2011
Electronic Signature of Signing Officer or Director Date