2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003094

Entity Name: COMVERGE INC.

FILED Jul 11, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5390 TRIANGLE PARKWAY SUITE 300 NORCROSS, GA 30092

Current Mailing Address: 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: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DIR

Name: SCHWARTZ, BRIAN D

Address: 5390 TRIANGLE PARKWAY, SUITE 300

City-St-Zip: NORCROSS, GA 30092

Title: F

Name: YOUNG, R. BLAKE

Address: 5390 TRIANGLE PARKWAY, SUITE 300

City-St-Zip: NORCROSS, GA 30092

Title: GC

Name: SMITH, MATTHEW H

Address: 5390 TRIANGLE PARKWAY, SUITE 300

City-St-Zip: NORCROSS, GA 30092

Title: SEC

Name: PRESTON, FRASER

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

Title: TREA

Name: ZULLI, JOSEPH

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 07/11/2012