

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002793

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** THIRD WAVE TECHNOLOGIES, INC.

**Current Principal Place of Business:**

502 SOUTH ROSA ROAD  
MADISON, WI 53719

**New Principal Place of Business:**

**Current Mailing Address:**

502 SOUTH ROSA ROAD  
MADISON, WI 53719

**New Mailing Address:**

**FEI Number:** 39-1791034

**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 323012525 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

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CASCELLA, ROBERT A  
**Address:** 250 CAMPUS DRIVE  
**City-St-Zip:** MARLBOROUGH, MA 01752

**Title:** EXEC  
**Name:** MUIR, GLENN P  
**Address:** 35 CROSBY DRIVE  
**City-St-Zip:** BEDFORD, MA 01730

**Title:** SVP  
**Name:** CASEY, MARK J  
**Address:** 250 CAMPUS DRIVE  
**City-St-Zip:** MARLBOROUGH, MA 01752

**Title:** VP  
**Name:** LAVALLEE, ROBERT H  
**Address:** 35 CROSBY DRIVE  
**City-St-Zip:** BEDFORD, MA 01730

**Title:** ASST  
**Name:** OBERTON, KARLEEN  
**Address:** 35 CROSBY DRIVE  
**City-St-Zip:** BEDFORD, MA 01730

**Title:** ASST  
**Name:** FLINK, PHILIP J  
**Address:** 35 CROSBY DRIVE  
**City-St-Zip:** BEDFORD, MA 01730

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:** KARLEEN OBERTON

ASIS

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date