2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# F07000003740

Entity Name: TRIPWIRE OF DELAWARE, INC.

Current Principal Place of Business:

326 SW BROADWAY
3RD FLOOR
PORTLAND, OR 97205

New Principal Place of Business:

Current Mailing Address:

326 SW BROADWAY
3RD FLOOR
PORTLAND, OR 97205

New Mailing Address:

FEI Number: 91-1826027 **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

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: PD ( ) Delete
Name: JOHNSON, JIM
Address: 326 SW BROADWAY, 3RD FLOOR
City-St-Zip: PORTLAND, OR 97205

Title: VCFO ( ) Delete
Name: MCCARTHY, ROBERT
Address: 326 SW BROADWAY, 3RD FLOOR
City-St-Zip: PORTLAND, OR 97205

Title: V ( ) Delete
Name: KIM, GENE
Address: 326 SW BROADWAY, 3RD FLOOR
City-St-Zip: PORTLAND, OR 97205

Title: D ( ) Delete
Name: LATTIN, BILL
Address: 326 SW BROADWAY, 3RD FLOOR
City-St-Zip: PORTLAND, OR 97205

Title: D ( ) Delete
Name: BALOFF, STEVE
Address: 326 SW BROADWAY, 3RD FLOOR
City-St-Zip: PORTLAND, OR 97205

Title: D ( ) Delete
Name: LABEL, JUSTINE
Address: 326 SW BROADWAY, 3RD FLOOR
City-St-Zip: PORTLAND, OR 97205

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:

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 exemption stated in Chapter 119, 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: LON E. BLAKE EA 07/16/2008

Electronic Signature of Signing Officer or Director — Date