## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000003740

Entity Name: TRIPWIRE OF DELAWARE, INC.

FILED Apr 28, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
326 SW BROADWAY 3RD FLOOR PORTLAND, OR 97205				101 SW MAIN STREET SUITE 1500 PORTLAND, OR 97204			
Current Mailing Address:				New Mailing Address:			
326 SW BROADWAY 3RD FLOOR PORTLAND, OR 97205				101 SW MAIN STREET SUITE 1500 PORTLAND, OR 97204			
FEI Number:	: 91-1826027	FEI Number Applied For ( )	FEI Nur	nber Not Appl	licable()	Certificate of Status Desired	l <b>( )</b>
Name and	l Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230						
The above in the State	e named entity s e of Florida.	submits this statement for the p	urpose o	of changing i	ts registered o	office or registered agent, o	or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	 ent			Date	
	S AND DIREC	g Trust Fund Contribution ( ).		ADDITION	IS/CHANGES	TO OFFICERS AND DIR	ECTORS
Title: Name: Address: City-St-Zip:	JOHNSON, JÌM	Delete DWAY, 3RD FLOOR R 97205		Title: Name: Address: City-St-Zip:	JOHNSON, JÌN	STREET, SUITE 1500	
Title: Name: Address: City-St-Zip:	MCCARTHY, RO	DWAY, 3RD FLOOR		Title: Name: Address: City-St-Zip:	MCCARTHY, R	STREET, SUITE 1500	
Title: Name: Address: City-St-Zip:	KIM, GENE	Delete DWAY, 3RD FLOOR R 97205		Title: Name: Address: City-St-Zip:	KIM, GENE 101 SW MAIN	() Change()Addition STREET, SUITE 1500 R 97204	
Title: Name: Address: City-St-Zip:	LATTIN, BILL	Delete DWAY, 3RD FLOOR R 97205		Title: Name: Address: City-St-Zip:	LATTIN, BILL	() Change()Addition STREET, SUITE 1500 R 97204	
Title: Name: Address: City-St-Zip:	BALOFF, STEV	DWAY, 3RD FLOOR		Title: Name: Address: City-St-Zip:	BALOFF, STÈ\	STREET, SUITE 1500	
Title: Name: Address: City-St-Zip:	LABEL, JUSTIN	DWAY, 3RD FLOOR		Title: Name: Address: City-St-Zip:	LABEL, JUSTII	STREET, SUITE 1500	

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: ROBERT MCCARTHY VCFO 04/28/2009