

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003740

FILED
Apr 19, 2012
Secretary of State

Entity Name: TRIPWIRE OF DELAWARE, INC.

Current Principal Place of Business:

101 SW MAIN STREET
SUITE 1500
PORTLAND, OR 97204

New Principal Place of Business:

Current Mailing Address:

101 SW MAIN STREET
SUITE 1500
PORTLAND, OR 97204

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

OFFICERS AND DIRECTORS:

Title: PD
Name: JOHNSON, JIM
Address: 101 SW MAIN STREET, SUITE 1500
City-St-Zip: PORTLAND, OR 97204

Title: VCFO
Name: LANG, KELLY
Address: 101 SW MAIN STREET, SUITE 1500
City-St-Zip: PORTLAND, OR 97204

Title: V
Name: SCOTT, ALIZA
Address: 101 SW MAIN STREET, SUITE 1500
City-St-Zip: PORTLAND, OR 97204

Title: S
Name: O'DONNELL, AMBYR
Address: 101 SW MAIN STREET, SUITE 1500
City-St-Zip: PORTLAND, OR 97204

Title: D
Name: BORO, SETH
Address: 101 SW MAIN STREET, SUITE 1500
City-St-Zip: PORTLAND, OR 97204

Title: D
Name: BERNARD, MARCEL
Address: 101 SW MAIN STREET, SUITE 1500
City-St-Zip: PORTLAND, OR 97204

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: KELLY LANG

VCFO

04/19/2012

Electronic Signature of Signing Officer or Director

Date