

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000008013

**Entity Name:** ROGUE WAVE, INC.

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

300 5TH AVE. SOUTH, STE. 410  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

300 5TH AVE. SOUTH, STE. 410  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 14-1867818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFF, JOHN  
300 5TH AVE. SOUTH, STE. 410  
NAPLES, FL 34102 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: D  
Name: WOLFF, JOHN  
Address: 300 5TH AVE. SOUTH, STE. 410  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: THORNE, NANCY  
Address: 300 5TH AVE. SOUTH, STE. 410  
City-St-Zip: NAPLES, FL 34102

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: JOHN WOLFF

D

01/10/2012

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

\_\_\_\_\_  
Date