

1.) CORPORATION NAME:

ZYWave, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1829821**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	9,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10700 W RESEARCH DRIVE SUITE 400

CITY/ST/ZIP: MILWAUKEE, WI 53226

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JAMES M EMLING TITLE: PRESIDENT ADDRESS: 10700 W RESEARCH DRIVE SUITE 400 CITY/ST/ZIP/CO: MILWAUKEE, WI 53226</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM R HAACK TITLE: CEO,CHAIRMAN ADDRESS: 10700 W RESEARCH DRIVE SUITE 400 CITY/ST/ZIP/CO: MILWAUKEE, WI 53226</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JIM HICKEY TITLE: DIRECTOR ADDRESS: 2 PRUDENTIAL PLAZA CITY/ST/ZIP/CO: 108 N STETSON ACE STE 4000 CHICAGO, IL 60601</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTIAN SOWUL TITLE: DIRECTOR ADDRESS: 2 PRUDENTIAL PLAZA CITY/ST/ZIP/CO: 180 N STETSON AVE STE 4000 CHICAGO, IL 60601</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARTIN TAYLOR TITLE: DIRECTOR ADDRESS: 150 CALIFORNIA ST 19TH FLOOR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Joseph C Gibson TITLE: CFO ADDRESS: 10700 W Research Drive, Suite 400 CITY/ST/ZIP/CO: Milwaukee, WI 53226</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Robert Smith TITLE: DIRECTOR ADDRESS: 300 W 6th St Suite 1950 CITY/ST/ZIP/CO: Austin, TX 78701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Brian Sheth TITLE: DIRECTOR ADDRESS: 300 W 6th St Suite 1950 CITY/ST/ZIP/CO: Austin, TX 78701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Joseph CGibson	Joseph CGibson,	7/24/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.