

1.) CORPORATION NAME:

**ZYWave, Inc.**

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1829821**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 9,000      |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

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.

|                 |                                   |                                             |                                              |
|-----------------|-----------------------------------|---------------------------------------------|----------------------------------------------|
| NAME:           | David O'Brien                     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| TITLE:          | CEO                               |                                             |                                              |
| ADDRESS:        | 10700 W RESEARCH DRIVE SUITE 400  |                                             |                                              |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53226               |                                             |                                              |
| NAME:           | JOSEPH C GIBSON                   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CFO                               |                                             |                                              |
| ADDRESS:        | 10700 W RESEARCH DRIVE, SUITE 400 |                                             |                                              |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53226               |                                             |                                              |
| NAME:           | Robert W. Fraser                  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |                                             |                                              |
| ADDRESS:        | 10700 W RESEARCH DRIVE SUITE 400  |                                             |                                              |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53226               |                                             |                                              |
| NAME:           | Josh R Klinefelter                | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |                                             |                                              |
| ADDRESS:        | 10700 W Research Dr., Suite 400   |                                             |                                              |
| CITY/ST/ZIP/CO: | Milwaukee, WI 53226               |                                             |                                              |
| NAME:           | William R Haack                   | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |                                             |                                              |
| ADDRESS:        | 10700 W Research Dr., Suite 400   |                                             |                                              |
| CITY/ST/ZIP/CO: | Milwaukee, WI 53226               |                                             |                                              |
| NAME:           | James Lindner                     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                          |                                             |                                              |
| ADDRESS:        | 10700 W Research Dr., Suite 400   |                                             |                                              |
| CITY/ST/ZIP/CO: | Milwaukee, WI 53226               |                                             |                                              |

|                                                                                                                            |                                             |                                              |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| NAME: J. Thomas Zusi<br>TITLE: DIRECTOR<br>ADDRESS: 10700 W Research Dr., Suite 400<br>CITY/ST/ZIP/CO: Milwaukee, WI 53226 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Alex Day<br>TITLE: DIRECTOR<br>ADDRESS: 10700 W Research Dr., Suite 400<br>CITY/ST/ZIP/CO: Milwaukee, WI 53226       | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Dana Serrano<br>TITLE: SECRETARY<br>ADDRESS: 10700 W Research Dr., Suite 400<br>CITY/ST/ZIP/CO: Milwaukee, WI 53226  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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/ Dana Serrano                                    | Dana Serrano, SECRETARY          | 5/9/2014 |
| 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.