

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH C GIBSON	
TITLE:	CFO	
ADDRESS:	10700 W RESEARCH DRIVE, SUITE 400	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53226	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANA SERRANO	
TITLE:	SECRETARY	
ADDRESS:	10700 W RESEARCH DR., SUITE 400	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53226	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID O'BRIEN	
TITLE:	CEO	
ADDRESS:	10700 W RESEARCH DRIVE SUITE 400	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53226	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEX DAY	
TITLE:	DIRECTOR	
ADDRESS:	10700 W RESEARCH DR., SUITE 400	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53226	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT W. FRASER	
TITLE:	DIRECTOR	
ADDRESS:	10700 W RESEARCH DRIVE SUITE 400	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53226	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM R HAACK	
TITLE:	DIRECTOR	
ADDRESS:	10700 W RESEARCH DR., SUITE 400	
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53226	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSH R KLINEFELTER DIRECTOR 10700 W RESEARCH DR., SUITE 400 MILWAUKEE, WI 53226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES LINDNER DIRECTOR 10700 W RESEARCH DR., SUITE 400 MILWAUKEE, WI 53226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. THOMAS ZUSI DIRECTOR 10700 W RESEARCH DR., SUITE 400 MILWAUKEE, WI 53226	<input 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/ JOSEPH C GIBSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH C GIBSON, CFO PRINTED NAME AND CORPORATE TITLE	4/1/2015 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.			