

## Annual Conflict of Interest Questionnaire:

1. Name of director, principal officer, member of a committee with governing board delegated powers, or employee

Michael W Coates

2. Name of Employer(s)

Shape Security

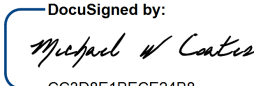
3. Disclosures of entities, Foundation board members, and or employee that you have an actual or perceived conflict of interest with due to financial interests directly or indirectly, through business, investment, or family:

Comprehend Systems  
2010 Broadway St, Suite 200,  
Redwood City, CA 94063

SynAck  
2750 Sand Hill Road,  
Menlo Park, CA 94025

4. Additional notes:

I have received the OWASP Foundation Conflict of Interest Policy, have read and understand the policy, and agree to comply with the policy. I also understand that the Foundation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities, which accomplish one or more of its tax-exempt purposes.

Signature  DocuSigned by:  
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Date: 12/18/2013