2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: HAVE LAWLE - HAVEY KRAWLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

FILED Jan 20, 2006 08:00 AM Secretary of State

DOCUMENT # P95000096119 1. Entity Name NETWORK ASSOCIATES, INC.			Secretary of State	
Principal Place 19496 ISLAN BOCA RATON	ID COURT DRIVE	Mailing Address 19496 ISLAND COURT DRIVE BOCA RATON, FL 33434		
DO NOT WRITE IN THIS SPACE				01062006 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
TO. TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME	D CFFICERS AND DI CRAUSER, HARVEY 19496 ISLAND COURT DRIVE BOCA RATON, FL 33434 D KRAUSER, MADELINE	RECTORS	Security of the second	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	19496 ISLAND COURT DRIVE BOCA RATON, FL 33434	· · · · · · · · · · · · · · · · · · ·		DO NOT WDITE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		and Edward Company		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information scincilized with the	is filing does not muslifu for the ex	êmptions containe	d in Chapter 119 Florida Statutes (further cadily that the information
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				