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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000001267

1. Entity Name
NCIPHER INC.

Principal Place of Business	Mailing Address
500 UNICORN PARK DRIVE SUITE 102 WOBURN, MA 01801	500 UNICORN PARK DRIVE SUITE 102 WOBURN, MA 01801

REINSTATEMENT 2005

2. Principal Place of Business	3. Mailing Address
92 Montvale Avenue	92 Montvale Avenue
Suite, Apt. #, etc.: Suite 4500	Suite, Apt. #, etc.: Suite 4500
City & State: Stoneham MA	City & State: Stoneham MA
Zip: 02180 Country: USA	Zip: 02180 Country: USA

11102005 REIN-P CR2E098 (6/04)

4. FEI Number: 54-1864317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Special Assistant Secretary 11/10/05
Signature, typed or printed name of registered agent and title if applicable. (If CT Registered Agent signature not required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SMITH, IAN K JUPITER HOUSE, STATION ROAD CAMBRIDGE, CB1 2JD UK.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOULDS, RICHARD 500 UNICORN PARK DRIVE SUITE 102 WOBURN, MA 01801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAFIONATIS, ARTHUR BETHESDA METRO CENTER, SUITE 460 BETHESDA, MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DEROCHER, BARBARA 500 UNICORN PARK DRIVE, SUITE 102 WOBURN, MA 01801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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.

SIGNATURE: Barbara A. DeRocher November 10, 2005 781-994-4020
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

NCIPHER INC.

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