

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000001267

Entity Name: NCIPHER INC.

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

92 MONTUALE AVENUE, SUITE 4500
STONEHAM, MA 02180

New Principal Place of Business:

Current Mailing Address:

92 MONTUALE AVENUE, SUITE 4500
STONEHAM, MA 02180

New Mailing Address:

FEI Number: 54-1864317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: TAMMY TOFTEROO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SMITH, IAN K
Address: JUPITER HOUSE, STATION ROAD
City-St-Zip: CAMBRIDGE, CB1 2JD UK,

Title: D () Delete
Name: MOULDS, RICHARD
Address: 500 UNICORN PARK DRIVE SUITE 102
City-St-Zip: WOBURN, MA 01801

Title: S () Delete
Name: LAFIONATIS, ARTHUR
Address: BETHESDA METRO CENTER, SUITE 460
City-St-Zip: BETHESDA, MD 20814

Title: AS () Delete
Name: DEROCHER, BARBARA
Address: 500 UNICORN PARK DRIVE, SUITE 102
City-St-Zip: WOBURN, MA 01801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BASTABLE, COLIN
Address: 92 MONTVALE AVENUE, SUITE 4500
City-St-Zip: STONEHAM, MA 02180

Title: D (X) Change () Addition
Name: MOULDS, RICHARD
Address: 92 MONTVALE AVENUE, SUITE 4500
City-St-Zip: STONEHAM, MA 02180

Title: S (X) Change () Addition
Name: WALL, BRENNAN F
Address: 92 MONTVALE AVENUE, SUITE 4500
City-St-Zip: STONEHAM, MA 02180

Title: AS (X) Change () Addition
Name: DEROCHER, BARBARA
Address: 92 MONTVALE AVENUE
City-St-Zip: STONEHAM, MA 02180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA DEROCHER

AS

03/09/2007

Electronic Signature of Signing Officer or Director

Date