


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003858	
1. Entity Name DELAWARE NETWORK ASSOCIATES INC.	

Principal Place of Business 3965 FREEDOM CIRCLE SANTA CLARA, CA 95054	Mailing Address 3965 FREEDOM CIRCLE SANTA CLARA, CA 95054
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DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 77-0316593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000071757 03/01/2004-80084-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE CD	SAMENUK, GEORGE
NAME	
STREET ADDRESS	3965 FREEDOM CIRCLE
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE P	HODGES, GENE
NAME	
STREET ADDRESS	3965 FREEDOM CIRCLE
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE S	ROBERTS, KENT
NAME	
STREET ADDRESS	3965 FREEDOM CIRCLE
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE D	DUTKOWSKY, ROBERT
NAME	
STREET ADDRESS	3965 FREEDOM CIRCLE
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE D	DENEND, LES
NAME	
STREET ADDRESS	3965 FREEDOM CIRCLE
CITY-ST-ZIP	SANTA CLARA, CA 95054
TITLE D	PANGIA, ROBERT
NAME	
STREET ADDRESS	3965 FREEDOM CIRCLE
CITY-ST-ZIP	SANTA CLARA, CA 95054

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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.

APPROVED SIGNATURE:  **KENT H. ROBERTS** **2/12/04 972-987-2547**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #