
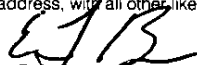


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90002 045 ***550.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # F01000003858 1. Entity Name MCAFEE, INC. | | | |  | |
| Principal Place of Business 3965 FREEDOM CIR SANTA CLARA, CA 95054 | | | Mailing Address 5000 HEADQUARTERS DR. MS 2SAP PLANO, TX 75024 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 77-0316593 | |
| 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 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD SAMENUK, GEORGE 3965 FREEDOM CIRCLE SANTA CLARA, CA 95054 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBERTS, KENT 5000 HEADQUARTERS DR PLANO, TX 75024 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUTKOWSKY, ROBERT 3965 FREEDOM CIRCLE SANTA CLARA, CA 95054 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DENEND, LESLIE 3965 FREEDOM CIRCLE SANTA CLARA, CA 95054 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PANGIA, ROBERT 3965 FREEDOM CIRCLE SANTA CLARA, CA 95054 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (See Attached) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (See Attached) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (See Attached) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (See Attached) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing 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 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:  Eric Brown 9/10/2007 972-963-7000 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

ATTACHMENT
40131806
F01000003858

MCAFFEE, INC. (FEIN: 77-0316593)

Effective July 24, 2007

OFFICERS:

| | | |
|-------------------|--|--|
| DAVID DEWALT | CEO & PRESIDENT | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| ERIC BROWN | CHIEF FINANCIAL OFFICER & CHIEF OPERATING OFFICER | 5000 HEADQUARTERS DRIVE, PLANO, TX 75024 |
| CHRISTOPHER BOLIN | EXECUTIVE VICE PRESIDENT | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |

DIRECTORS:

| | | |
|----------------|----------|--|
| CHARLES ROBEL | CHAIRMAN | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| DAVID DEWALT | DIRECTOR | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| ROBERT BUCKNAM | DIRECTOR | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| LESLIE DENEND | DIRECTOR | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| DENIS O'LEARY | DIRECTOR | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| ROBERT PANGIA | DIRECTOR | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |
| LIANE WILSON | DIRECTOR | 3965 FREEDOM CIRCLE, SANTA CLARA, CA 95054 |