


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # F05000003078 1. Entity Name INTERNET SECURITY SYSTEMS, INC.	
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Principal Place of Business 6303 BARFIELD RD. NE ATLANTA, GA 30328-4233	Mailing Address 6303 BARFIELD RD. NE ATLANTA, GA 30328-4233
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2104204	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000687692 04/10/07-80048-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOONAN, THOMAS E 6303 BARFIELD RD. NE ATLANTA, GA 303284233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RAGHAVAN, RAJAJI 6303 BARFIELD RD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWEN, SEAN 6303 BARFIELD RD. NE ATLANTA, GA 303284233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPKINS, JAY 6303 BARFIELD RD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EIDSON, DANIEL 6303 BARFIELD RD. NE ATLANTA, GA 303284233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **3/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #