2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003078

Entity Name: INTERNET SECURITY SYSTEMS, INC.

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	FIELD RD. NE GA 30328423	3			
Current Mailing Address:			New Mailii	New Mailing Address:	
	FIELD RD. NE GA 30328423	3			
FEI Number:	58-2104204	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 S PIN	DRATION SYS E ISLAND RD DN, FL 33324				
The above in the State		ubmits this statement for the purp	ose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agent		Date	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	RAHMANI, VAL 6303 BARFIELD ATLANTA, GA 3		Title: Name: Address: City-St-Zip: Title:	P (X) Change () Addition TRUSKOWSKI, BRIAN 6303 BARFIELD RD NE ATLANTA, GA 303284233 V (X) Change () Addition	
Name: Address: City-St-Zip:	O'HANLON, GEO 294 ROUTE 100 SOMERS, NY 1)	Name: Address: City-St-Zip:	O'HANLON, GEORGE 294 ROUTE 100 SOMERS, NY 105893216	
Title: Name: Address: City-St-Zip:	T () SCHROETER, M 1 NEW ORCHAF ARMONK, NY 1	RD RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CASTODIO, LUI 294 ROUTE 100 SOMERS, NY 1	S)	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () GOLDSTEIN, M 1 NEW ORCHAI ARMONK, NY 1	RD RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () JOHNSON, DAV 1 NEW ORCHAF ARMONK, NY 1	RD RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE O'HANLON V 02/28/2009