

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001265 (5)**

1. Corporation Name  
**SECURE COMPUTING CORPORATION**

Principal Place of Business  
**2675 LONG LAKE ROAD  
ROSEVILLE MN 55113**

Mailing Address  
**2675 LONG LAKE ROAD  
ROSEVILLE MN 55113-1117**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/12/1996</b>		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>52-1637226</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESEKE, KERMIT M		1.2 NAME	Jeffrey H. Waxman	
STREET ADDRESS	8040 DEMONTREVILLE COURT		1.3 STREET ADDRESS	4985 Heugo Court	
CITY-ST-ZIP	LAKE ELMO MN 55042		1.4 CITY-ST-ZIP	Park City, UT 84098	
TITLE	VM	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALESSO, CRAIG M		2.2 NAME	Timothy P. McGurran	
STREET ADDRESS	1489 CORRAL ALCOVE		2.3 STREET ADDRESS	11240 218th St. N.	
CITY-ST-ZIP	WOODBURY MN 55125		2.4 CITY-ST-ZIP	Scandia, MN 55073	
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANZURES, JOE R		3.2 NAME	James E. Nicholson	
STREET ADDRESS	2859 LEXINGTON AVENUE APT. F		3.3 STREET ADDRESS	7508 Hyde Park Drive	
CITY-ST-ZIP	ROSEVILLE MN 55113		3.4 CITY-ST-ZIP	Edina, MN 55439	
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIGH, J T DR		4.2 NAME	James Boyle	
STREET ADDRESS	4848 ALDRICH AVENUE SOUTH		4.3 STREET ADDRESS	3505 Owasso Street	
CITY-ST-ZIP	MINNEAPOLIS MN 55409		4.4 CITY-ST-ZIP	Shoreview, MN 55126	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, GENE C		5.2 NAME	Gary Taggart	
STREET ADDRESS	7832 DUPONT AVENUE NORTH		5.3 STREET ADDRESS	439 Matthew Court	
CITY-ST-ZIP	BROOKLYN PARK MN 55444		5.4 CITY-ST-ZIP	Pleasanton, CA 94566	
TITLE	CFOT	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORDAHL, DEAN W		6.2 NAME	Robert J. Frankenberg	
STREET ADDRESS	904 MEADOW AVENUE		6.3 STREET ADDRESS	701 East Sunburst Lane	
CITY-ST-ZIP	SHOREVIEW MN 55126		6.4 CITY-ST-ZIP	Alpine, UT 84004	

14. I do 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 annual report or supplemental annual 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 12 or Block 13. Changes or additions are indicated with an address.

SIGNATURE:  **Timothy P. McGurran** 4/24/97 612-628-2700  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)