

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

0548939

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90268 011 ***150.00

DOCUMENT # F96000001265

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

52-1637226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	WAXMAN, JEFFERY H	
STREET ADDRESS	4985 HEUGO COURT	
CITY-ST-ZIP	PARK CITY UT	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	MCGURRAN, TIMOTHY P	
STREET ADDRESS	12330 FIRST FORK RD	
CITY-ST-ZIP	LOS GATOS CA 95030	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	MAURER, STEVE	
STREET ADDRESS	2675 LONG LAKE ROAD	
CITY-ST-ZIP	ROSEVILLE MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAGGERT, GARY	
STREET ADDRESS	439 MATTHEW COURT	
CITY-ST-ZIP	PLEASANTON CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKENBERG, ROBERT J	
STREET ADDRESS	701 EAST SUNBURST LANE	
CITY-ST-ZIP	ALPINE UT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BUDGE, MART
3.3 STREET ADDRESS	2675 LONG LAKE ROAD
3.4 CITY-ST-ZIP	ROSEVILLE, MN 55113
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T NESBIT, DOUG
6.3 STREET ADDRESS	2675 LONG LAKE ROAD
6.4 CITY-ST-ZIP	ROSEVILLE, MN 55113

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 651-628-1656

CR2E034 (11/98)