

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000001265**1. Entity Name
SECURE COMPUTING CORPORATION

Principal Place of Business

2675 LONG LAKE ROAD

ROSEVILLE
55113

MN

Mailing Address

2675 LONG LAKE ROAD

ROSEVILLE
55113

MN

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1637226

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

US

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/17/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUTCILLT STEVE | |
| STREET ADDRESS | 3421 BELLENTON DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRANKENBERG ROBERT J | |
| STREET ADDRESS | 701 EAST SUNBURST LANE | |
| CITY-ST-ZIP | ALPINE UT | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BEGGERSTAFF CARR | |
| STREET ADDRESS | ONE ALMADEN BLVD., STE 400 | |
| CITY-ST-ZIP | SAN JOSE CA 95113 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BUDGE MARY | |
| STREET ADDRESS | 2675 LONG LAKE ROAD | |
| CITY-ST-ZIP | ROSEVILLE MN 55113 | |
| TITLE | TCFO | <input type="checkbox"/> Delete |
| NAME | MCGURRAN TIMOTHY P | |
| STREET ADDRESS | 12330 FIRST FORK RD | |
| CITY-ST-ZIP | LOS GATOS CA 95030 | |
| TITLE | PC | <input type="checkbox"/> Delete |
| NAME | MC NULTY JOHN | |
| STREET ADDRESS | 155 CANADA VCA | |
| CITY-ST-ZIP | DIABLO CA 94528 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PURICELLI STEVE | |
| STREET ADDRESS | 3421 BELLINGTON DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LINDSOE ELISSA | |
| STREET ADDRESS | 2675 LONG LAKE ROAD | |
| CITY-ST-ZIP | ST. PAUL MN 55113 | |
| TITLE | V/CF | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEINKOPF TIMOTHY | |
| STREET ADDRESS | 5837 PORTO ALEGRE DRIVE | |
| CITY-ST-ZIP | SAN JOSE CA 95120 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUDGE MARY | |
| STREET ADDRESS | 32 DUCK PASS ROAD | |
| CITY-ST-ZIP | NORTH OAKS MN 55127 | |
| TITLE | P/CO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGURRAN TIMOTHY | |
| STREET ADDRESS | 12330 FIRST FORK RD | |
| CITY-ST-ZIP | LOS GATOS CA 95030 | |
| TITLE | C/CE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCNULTY JOHN | |
| STREET ADDRESS | 155 CANADA VIA | |
| CITY-ST-ZIP | DIABLO CA 94528 | |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K. BUDGE

S

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)