

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90081 048 ***550.00

DOCUMENT # F96000001265

1. Entity Name
SECURE COMPUTING CORPORATION



Principal Place of Business

**2675 LONG LAKE ROAD
ROSEVILLE, MN 55113**

Mailing Address

**2675 LONG LAKE ROAD
ROSEVILLE, MN 55113**

50061603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

08082005

Chg-P

CR2E034 (10/03)

4. FEI Number
52-1637226

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C/CE ☐ Delete
NAME MCNULTY, JOHN
STREET ADDRESS 155 CANADA VIA
CITY-ST-ZIP DIABLO, CA 94528

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/CO ☒ Delete
NAME MCGURRAN, TIMOTHY
STREET ADDRESS 12330 FIRST FORK RD
CITY-ST-ZIP LOS GATOS, CA 95030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BUDGE, MARY
STREET ADDRESS 32 DUCK PASS ROAD
CITY-ST-ZIP NORTH OAKS, MN 55127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/CF ☐ Delete
NAME STEINKOPF, TIMOTHY
STREET ADDRESS 5837 PORTO ALEGRE DRIVE
CITY-ST-ZIP SAN JOSE, CA 95120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME LINDSOE, ELISSA
STREET ADDRESS 5995 RIDGE CREEK ROAD
CITY-ST-ZIP SHOREVIEW, MN 55126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PURICELLI, STEVE
STREET ADDRESS 3421 BELLINGTON DRIVE
CITY-ST-ZIP ORLANDO, FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

8/9/05