## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000001265

Name:

Address:

City-St-Zip:

FILED Apr 16, 2008 Secretary of State

Entity Name: SECURE COMPUTING CORPORATION						
Current Principal Place of Business:				New Principal Place of Business:		
2340 ENERGY PARK DRIVE ST. PAUL, MN 55108				55 ALMADEN BLVD SUITE 500 SAN JOSE, CA 95113		
Current Mailing Address:				New Mailing Address:		
TAX DEPT., 2340 ENERGY PARK DRIVE ST. PAUL, MN 55108				TAX DEPARTMENT 2340 ENERGY PARK DRIVE ST. PAUL, MN 55108		
FEI Number:	: 52-1637226	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address o	of New Registered Agent:
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD				
	named entity se of Florida.	submits this statement for the p	ourpose of	changing it	s registere	d office or registered agent, or both,
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C/CE () MCNULTY, JOH 155 CANADA VI DIABLO, CA 94	A		Title: Name: Address: City-St-Zip:	C/CE MCNULTY, 55 ALMADE SAN JOSE,	N BLVD, SUITE 500
Title: Name: Address: City-St-Zip:	S () BUDGE, MARY 32 DUCK PASS NORTH OAKS,			Title: Name: Address: City-St-Zip:		(X) Change ()Addition LL GY PARK DRIVE ., MN 55108
Title: Name: Address: City-St-Zip:	V/CF () STEINKOPF, TI 5837 PORTO A SAN JOSE, CA	LEGRE DRIVE		Title: Name: Address: City-St-Zip:	V/CF STEINKOPF 55 ALMADE SAN JOSE,	N BLVD, SUITE 500
Title: Name: Address: City-St-Zip:	D () PURICELLI, ST 3421 BELLING ORLANDO, FL	ON DRIVE		Title: Name: Address: City-St-Zip:	D PURICELLI, 55 ALMADE SAN JOSE,	N BLVD, SUITE 500
Title <sup>.</sup>	( )	Delete		Title:	Р	( ) Change (X) 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.

Name:

Address:

City-St-Zip:

RYAN, DANIEL

2340 ENERGY PARK DRIVE

SAINT PAUL, MN 55108

SIGNATURE: JILL PUTMAN 04/16/2008 Τ