

C T CORPORATION SYSTEM				
660 East Jefferson Street Requestor's Name Tallahassee, Florida 3230 Address (850) 222-1092		7000	002580 -07/06/98	10973 01040 <u>0</u> 06
City State Zip	Phone		*****70.00	*****70,00
CORPORAT	ION(S) NAME			
				
				
	Net Tools	Inc		DIVISION SEC
<pre></pre>	() Amendme	nt ()	Morgor	FILED AND
Foreign	() Dissolution	n/Withdrawal ()	Mark	
() Limited Partnership () Reinstatement	() Annual Re () Fict. Fil	' ;;	Other Change of F	
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CR2E031 (1-89)			Z	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>Net Too</u>		-				
(Name of corporation abbreviations of like or partnership if not s	import in language	as will clearly indica				
2. Delawar	e			3. A.	and Fa	·/
(State or country und	ler the law of which	it is incorporated)		3. A (FEI nun	iber, if app	licable)
4. <u>8/13/96</u> (Date of incorpo	oration)	5. <u>Perp</u> (Du	etual ration: Year corp.	will cease to ex	ist or "perp	etual")
6. <u>Upon fi</u> (Date first transacted	ling of this I business in Florida	application a. (See sections 607	7.1501, 607.1502,	and 817.155, F.	.s.) 98	ອຸກຸດ
7. <u>c/o Net</u>	works Associ	ates, Inc.				
3965 Fr	<u>eedom Circle</u> (Current mailin	e, Santa Clar ng address)	ca, Californ	<u>ia, 95054</u>		FILED JARY OF S
8. <u>All pur</u> (Purpose(s) of corpor Florida)	ration authorized in		try to be carried or	it in the state of	AM II: 49	ATE NO.
9. Name and street a	iddress of Florida	registered agent:				
Name:	C T CORPORAT	ION SYSTEM				
Office Address:	c/o C T Corporat	ion System, 1200 S	outh Pine Island F	Road		
	Plantation	, Florida,	33324 (Zip Code)	_		
10. Registered agent Having been named as designated in this applic further agree to comply and I am familiar with a	registered agent ar cation. I hereby acc with the provisions	ept the appointmen of all statutes relati	t as registered age ive to the proper a as registered age	ent and agree to nd complete per	act in this	capacity. I
		A CORPORATIO	AN STSTEIN			
	(Regi	stered agent's signa C. Mora Special Asst.	iles			
		ype Name and Title				

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A.	DIRECTORS (Street address only - P.O. Box NOT acceptable)		
	Chairman:	_	
	Address:		
		<u> </u>	
	Vice Chairman:		
	Address:	_	
	Director: Prabhat K. Goyal	_	
	Address: <u>c/o Networks Associates, Inc.</u>		
	3965 Freedom Circle, Santa Clara, CA	_	
	Director:	- 98	7
	Address:	r	
		- 6	TARY
B.	OFFICERS (Street address only - P.O. Box NOT acceptable)	AM 1: 4:9	SECRETARY OF STATE STATE FOR THE STATE OF STATE
	President: Prabhat K. Goyal	_ 5) JATE
	Address: <u>c/o Networks Associates</u> , Inc.		n
	3965 Freedom Circle, Santa Clara, CA	_	
	Vice President: Richard Hornstein		
	c/o Networks Associates, Inc. Address: 3965 Freedom Circle	_	
	Santa Clara, CA 95054		
	Secretary: <u>Evan Collins</u>		
	Address: <u>c/o Networks Associates. Inc.</u>		
	3965 Freedom Circle, Santa Clara, CA	95054	

Treasurer:	
Address: _	
NOTE: If necessary, yo and/or directors.	u may attach an addendum to the application listing additional officers
13	- Em & allins
(Signature of Chairma application)	n, Vice Chairman, or any officer listed in number 12 of the
	is Secretary
 Uvbed or brinted name 	e and canacity of person digning application)

98 JUL -6 AM II: 49

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NET TOOLS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE,

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCI

BEEN PAID TO DATE



AUTHENTICATION:

DATE:

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981250788

2678534

8300

06-29-98