


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # P01000100757	
1. Entity Name INTERNET SECURITY SYSTEMS (LATIN AMERICA), INC.	

Principal Place of Business 6303 BARFIELD ROAD ATLANTA, GA 30328	Mailing Address 6303 BARFIELD ROAD ATLANTA, GA 30328
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DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1151205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

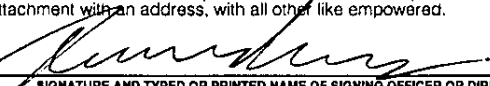
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000687691 04/10/07-80048-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NOONAN, TOM 6303 BARFIELD ROAD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RAGHAVAN, RAJAJI 6303 BARFIELD ROAD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPKINS, JAY 6303 BARFIELD ROAD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EIDSON, DANNY 6303 BARFIELD ROAD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOWEN, SEAN 6303 BARFIELD RD ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/28/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #