2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046215

Entity Name: NETSECURITY SYSTEMS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4000 PONCE DE LEON BOULEVARD SUITE 470 MIAMI, FL 33146

Current Mailing Address: New Mailing Address:

4000 PONCE DE LEON BOULEVARD SUITE 470 MIAMI, FL 33146

FEI Number: 20-2578315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIFUENTES, MARIA C GAJARDONI, RICARDO D 4000 PONCÉ DE LEON BOULEVARD 4300 BISCAYNE BOULEVARD SUITE 204 SUITE 470

MIAMI, FL 33137 US MIAMI, FL 33146 US

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: RICARDO GAJARDONI 04/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GAJARDONI, ANA L GAJARDONI, ANA L Name: Name:

RUA MACHADO BITTENCOURT, 361- CJ 802 4000 PONCE DE LEON BOULEVARD, ST470 Address: Address:

City-St-Zip: SAO PAULO - BRAZIL, SP 04044-001 BR City-St-Zip: CORAL GABLES, FL 33146 US

Title: VΡ Title: (X) Change () Addition () Delete

Name: GAJARDONI, RICARDO D Name: GAJARDONI, RICARDO D

RUA MACHADO BITTENCOURT, 361- CJ 802 4000 PONCE DE LEON BOULEVARD, ST470 Address: Address:

SAO PAULO - BRAZIL, SP 04044-001 BR CORAL GABLES, FL 33146 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: ANA L GAJARDONI P,S 04/29/2009