

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 OCT 17 AM 11:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P35713 1. Corporation Name Security Dynamics Technologies, Inc.				100002324601--9 -10/20/97--01139--001 *****8.75 *****8.75 100002324601--9 -10/20/97--01139--002 *****8.75 *****8.75 DO NOT WRITE IN THIS SPACE	
Principal Place of Business      Mailing Address 20 Crosby Drive Bedford, MA 01730					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Changed To Do Business in Florida Sept. 30, 1991 5. FEI Number 04-2916506 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
CEO/P/D	Charles R. Stuckey, Jr.	20 Crosby Dr.	Bedford, MA 01730		
VP/ST	Arthur W. Coviello, Jr.	20 Crosby Dr.	Bedford, MA 01730		
D	D. James Bidzos	20 Crosby Dr.	Bedford, MA 01730		
D	George M. Middlemas	20 Crosby Dr.	Bedford, MA 01730		
D	Merino R. Polestra	20 Crosby Dr.	Bedford, MA 01730		
REINSTATEMENT 1997					
8. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			9. Name and Address of New Registered Agent Name: G. Alan Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City:      State: FL      Zip Code:		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: Connie Bay      REGISTERED AGENT MUST SIGN      Date: 10/17/97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Arthur W. Coviello      10/15/97      (617) 687-7500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

CR20040 (12/95)