

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35713

Entity Name: RSA SECURITY INC.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

174 MIDDLESEX TURNPIKE
BEDFORD, MA 01730

New Principal Place of Business:

Current Mailing Address:

174 MIDDLESEX TURNPIKE
BEDFORD, MA 01730

New Mailing Address:

FEI Number: 04-2916506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: COVIELLO, ARTHUR W JR
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: CFP () Delete
Name: GLIDDEN, JEFFREY D
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: VPS () Delete
Name: SEIF, MARGARET K
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: AT () Delete
Name: LEMAY, BRIAN
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730 US

Title: D () Delete
Name: BADAVAS, ROBERT P
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: D () Delete
Name: EARNEST, RICHARD L
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFP (X) Change () Addition
Name: COVIELLO, ARTHUR W JR
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: VPS (X) Change () Addition
Name: NAULT, ROBERT
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730

Title: T (X) Change () Addition
Name: LEMAY, BRIAN
Address: 174 MIDDLESEX TURNPIKE
City-St-Zip: BEDFORD, MA 01730 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN LEMAY

T

02/07/2006

Electronic Signature of Signing Officer or Director

Date