

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003858

Entity Name: MCAFEE, INC.**Current Principal Place of Business:**2821 MISSION COLLEGE BLVD
SANTA CLARA, CA 95054**Current Mailing Address:**2200 MISSION COLLEGE BLVD.
JARED ROSS RNB 4-151
SANTA CLARA, CA 95054 US**FEI Number:** 77-0316593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name YOUNG, CHRISTOPHER
Address 2821 MISSION COLLEGE BLVD
City-State-Zip: SANTA CLARA CA 95054

Title PRESIDENT
Name YOUNG, CHRISTOPHER
Address 2821 MISSION COLLEGE BLVD
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name DE LUGNANI, ANDREA
Address 2200 MISSION COLLEGE BLVD.
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name ROSS, JARED
Address 5000 HEADQUARTERS DR.
City-State-Zip: PLANO TX 75024

Title TREASURER
Name JACOB, RAVI
Address 2821 MISSION COLLEGE BLVD
City-State-Zip: SANTA CLARA CA 95054

Title DIRECTOR
Name DICKEL, RONALD D
Address 2200 MISSION COLLEGE BLVD
City-State-Zip: SANTA CLARA CA 95054

Title SECRETARY
Name SAMUELS, ERIC
Address 2821 MISSION COLLEGE BLVD
City-State-Zip: SANTA CLARA CA 95054

Title VP
Name HATTER, PATTY
Address 2821 MISSION COLLEGE BLVD
City-State-Zip: SANTA CLARA CA 95054

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: TIFFANY DOON SILVA**ASSISTANT SECRETARY** 03/29/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name DICKEL, RONALD D
Address 2200 MISSION COLLEGE BLVD.
City-State-Zip: SANTA CLARA CA 95054

Title ASST. SECRETARY
Name BRADFORD, ROBIN
Address 5000 HEADQUARTERS PLAZA
City-State-Zip: PLANO TX 75024

Title ASST. SECRETARY
Name DOON SILVA, TIFFANY
Address 2200 MISSION COLLEGE BLVD.
City-State-Zip: SANTA CLARA CA 95054

Title VP
Name MILLER, SUZAN A
Address 2200 MISSION COLLEGE BLVD.
City-State-Zip: SANTA CLARA CA 95054

Title ASST. SECRETARY
Name ROSS, JARED
Address 5000 HEADQUARTERS BLVD.
City-State-Zip: PLANO TX 95044