

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005545

Entity Name: MCAFEE ACQUISITION CORP**Current Principal Place of Business:**C/O MCAFEE, LLC
2821 MISSION COLLEGE BLVD.
SANTA CLARA, CA 95054**Current Mailing Address:**C/O MCAFEE, LLC
2821 MISSION COLLEGE BLVD.
SANTA CLARA, CA 95054 US**FEI Number:** 82-3781315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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	VP
Name	KOHN, ALAN
Address	C/O MCAFEE, LLC 2821 MISSION COLLEGE BLVD.
City-State-Zip:	SANTA CLARA CA 95054

Title	TREASURER
Name	KOHN, ALAN
Address	C/O MCAFEE, LLC 2821 MISSION COLLEGE BLVD.
City-State-Zip:	SANTA CLARA CA 95054

Title	PRESIDENT
Name	LEAV, PETER
Address	C/O MCAFEE, LLC 2821 MISSION COLLEGE BLVD.
City-State-Zip:	SANTA CLARA CA 95054

Title	SECRETARY
Name	O'DONNELL, ELLEN
Address	C/O MCAFEE, LLC 2821 MISSION COLLEGE BLVD.
City-State-Zip:	SANTA CLARA CA 95054

Title	VP
Name	SMITH, BRIAN TODD
Address	C/O MCAFEE, LLC 2821 MISSION COLLEGE BLVD.
City-State-Zip:	SANTA CLARA CA 95054

Title	DIRECTOR
Name	O'DONNELL, ELLEN
Address	C/O MCAFEE, LLC 2821 MISSION COLLEGE BLVD.
City-State-Zip:	SANTA CLARA CA 95054

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: ELLEN O'DONNELL**SECRETARY****05/01/2020**

Electronic Signature of Signing Officer/Director Detail

Date