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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	12/720,147
	<b>Filing Date</b>	3/9/2010
	<b>First Named Inventor</b>	Rozman et al.
	<b>Title</b>	System and Method for Protecting a Computer System from Malicious Software
	<b>Art Unit</b>	2439
	<b>Examiner Name</b>	Christian A. LaForgia
	<b>Attorney Docket Number</b>	ARC-01RE1

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

25962

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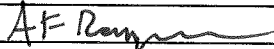
I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature



Date

8-11-11

Name

Allen F. Rozman

Telephone

Title and Company

ARAC

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S.

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City	State	Zip	
Country			
Telephone	Email		

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Alfonso J. Cioffi	Telephone	
Title and Company	ARAC		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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