

NEW YORK STATE SECURITY BREACH REPORTING FORM
Pursuant to the Information Security Breach and Notification Act
(General Business Law §899-aa; State Technology Law §208)

Name of Entity: Albrecht Viggiano Zureck & Company, P.C.

Street Address: 25 Suffolk Court

City: Hauppauge State: New York Zip Code: 11788

Sector (please select one): Local Government State Government Federal Government
 Not-for-profit Commercial Educational

Type of Business (please select one): Biotech/Pharm Education Financial Services
 Health Care Insurance Retail/Internet Telecom. Transportation
 Other: Accounting Firm

Persons Affected: Total: 156
NY residents: 149

Dates: Breach Occurred: 2/26/08
Breach Discovered: 2/27/08
Consumer Notification: 2/29/08-3/1/08

Reason for delay, if any, in sending notice: _____

Description of Breach (please select all that apply): Hacking incident; Inadvertent disclosure;
 Stolen computer, CD, tape, etc; Lost computer, CD, tape, etc; Insider wrongdoing;
 other (specify): _____ [Attach additional description if necessary]

Information Acquired (please select all that apply): Name; SSN; Driver's license no.;
 Account number; Credit or Debit card number; Other (specify):

Manner of Notification to Affected Persons (Attach Copy): Written; Electronic (email);
 Telephone; Substitute notice (provide justification). List dates of any previous (within 12 months)
breach notifications: _____

Credit Monitoring or Other Service Offered: Yes; No; Duration: _____

Service: _____ Provider: _____

Submitted by: Thomas J. Murray Title: President

Firm Name (if other than entity): _____

Telephone: (631) 434-9500 Email: tmurray@avz.com