



FACSIMILE TRANSMITTAL SHEET

To:	New York State Attorney General's Office Consumer Frauds & Protection Bureau	Fax:	212-416-6003
To:	New York State Office of Cyber Security & Critical Infrastructure Coordination	Fax:	518-0474-9090
To:	New York State Consumer Protection Board	Fax:	212-459-8855
From	Shawn M. Soderberg VP, General Counsel and Secretary	Pages:	2, including cover
Phone:	650-391-1607	Date:	March 19, 2008
Re:	SECURITY BREACH NOTIFICATION	cc:	

Attached is the New York Security Breach Report Form on behalf of Aricent Inc.

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: Aricent Inc.
 Street Address: 3460 Hillview Avenue
 City: Palo Alto State: CA Zip Code: 94304

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 Communications Software

Persons Affected: Total: 925 Dates: Breach Occurred: March 1, 2008
 NY residents: 9 Breach Discovered: March 4, 2008
 Consumer Notification: March 19, 2008 and
March 20, 2008

Reason for delay, if any, in sending notice: None.

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): Home Address, Job Title, Date of Hire, Salary Grade and Employee Number

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: 12 Months
 Service: ID TheftSmart™ Provider: Kroll Inc.

Submitted by: Shawn M. Soderberg Title: VP, General Counsel and Secretary
 Firm Name (if other than entity): Aricent Inc.
 Telephone: 650-391-1607 Email: shawn.soderberg@aricent.com
 Dated: March 19, 2008