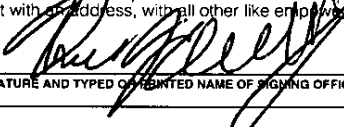


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90014 048 ***150.00

DOCUMENT # F02000001123 1. Entity Name F5 NETWORKS, INC.					
Principal Place of Business ATTN: SONNY NG Tom Alloway 401 ELLIOTT AVE WEST SEATTLE, WA 98119			Mailing Address ATTN: SONNY NG Tom Alloway 401 ELLIOTT AVE WEST SEATTLE, WA 98119		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 91-1714307	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCADAM, JOHN		NAME		
STREET ADDRESS	401 ELLIOTT AVENUE WEST		STREET ADDRESS		
CITY - ST - ZIP	SEATTLE, WA		CITY - ST - ZIP		
TITLE	VT	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	COBURN, STEVE		NAME	John Rodriguez	
STREET ADDRESS	401 ELLIOTT AVENUE WEST		STREET ADDRESS		
CITY - ST - ZIP	SEATTLE, WA		CITY - ST - ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MCADAM, JOHN		NAME		
STREET ADDRESS	401 ELLIOTT AVENUE WEST		STREET ADDRESS		
CITY - ST - ZIP	SEATTLE, WA		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HIGGINSON, ALAN		NAME		
STREET ADDRESS	401 ELLIOTT AVENUE WEST		STREET ADDRESS		
CITY - ST - ZIP	SEATTLE, WA		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRINSTEIN, KEITH		NAME		
STREET ADDRESS	401 ELLIOTT AVENUE WEST		STREET ADDRESS		
CITY - ST - ZIP	SEATTLE, WA		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tom Alloway Att. Secretary		
			Date 206-272-5555 Daytime Phone #		