2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT 18 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001123

1. Entity Name
F5 NETWORKS, INC.

Principal Place of Business	Mailing Address
ATTN: SONNY NG 401 ELLIOTT AVE WEST SEATTLE, WA 98119	ATTN: SONNY NG 401 ELLIOTT AVE WEST SEATTLE, WA 98119

REINSTATEMENT (1/07) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ATTN: Tax Department	ATTN: Tax Department
Suite, Apt. #, etc.: 401 Elliott Ave W	Suite, Apt. #, etc.: 401 Elliott Ave W
City & State: Seattle WA	City & State: Seattle WA
Zip: 98119 Country: USA	Zip: 98119 Country: USA

4. FEI Number: 91-1714307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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: Sheila a McEvilly Sheila McEvilly, Assist. Sec. 10/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCADAM, JOHN 401 ELLIOTT AVENUE WEST SEATTLE, WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700110971527 10/18/07--01055--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT RODRIGUEZ, JOHN 401 ELLIOTT AVENUE WEST SEATTLE, WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCADAM, JOHN 401 ELLIOTT AVENUE WEST SEATTLE, WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $150/22
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGGINSON, ALAN 401 ELLIOTT AVENUE WEST SEATTLE, WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRINSTEIN, KEITH 401 ELLIOTT AVENUE WEST SEATTLE, WA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: [signature] Sr Director of Tax 206-223-5555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #