2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # F02000001123

1. Entity Name
F5 NETWORKS, INC.

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCADAM, JOHN
STREET ADDRESS	401 ELLIOTT AVENUE WEST
CITY-ST-ZIP	SEATTLE, WA
TITLE	VT
NAME	RODRIGUEZ, JOHN
STREET ADDRESS	401 ELLIOTT AVENUE WEST
CITY-ST-ZIP	SEATTLE, WA
TITLE	VSD
NAME	MCADAM, JOHN
STREET ADDRESS	401 ELLIOTT AVENUE WEST
CITY-ST-ZIP	SEATTLE, WA
TITLE	D
NAME	HIGGINSON, ALAN
STREET ADDRESS	401 ELLIOTT AVENUE WEST
CITY-ST-ZIP	SEATTLE, WA
TITLE	D
NAME	GRINSTEIN, KEITH
STREET ADDRESS	401 ELLIOTT AVENUE WEST
CITY-ST-ZIP	SEATTLE, WA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80071-023 150.00

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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: _____ Brian Bachar Sr. Director of Tax 1/04/08 206-272-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #