# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2009**
**Secretary of State**

DOCUMENT# F02000001123

**Entity Name:** F5 NETWORKS, INC.

**Current Principal Place of Business:**

ATTN: TAX DEPARTMENT
401 ELLIOTT AVE WEST
SEATTLE, WA 98119

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: TAX DEPARTMENT
401 ELLIOTT AVE WEST
SEATTLE, WA 98119

**New Mailing Address:**

**FEI Number: 91-1714307** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MCADAM, JOHN
Address: 401 ELLIOTT AVENUE WEST
City-St-Zip: SEATTLE, WA

Title: VT ( ) Delete
Name: RODRIGUEZ, JOHN
Address: 401 ELLIOTT AVENUE WEST
City-St-Zip: SEATTLE, WA

Title: VSD ( ) Delete
Name: MCADAM, JOHN
Address: 401 ELLIOTT AVENUE WEST
City-St-Zip: SEATTLE, WA

Title: D ( ) Delete
Name: HIGGINSON, ALAN
Address: 401 ELLIOTT AVENUE WEST
City-St-Zip: SEATTLE, WA

Title: D ( ) Delete
Name: GRINSTEIN, KEITH
Address: 401 ELLIOTT AVENUE WEST
City-St-Zip: SEATTLE, WA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GUELICH, KARL
Address: 401 ELLIOTT AVENUE WEST
City-St-Zip: SEATTLE, WA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN BACHAR D 01/26/2009

Electronic Signature of Signing Officer or Director — Date