2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# F02000005438

Entity Name: INTERNATIONAL NETWORK SERVICES INC.

Current Principal Place of Business:

1600 MEMOREX DR
200
SANTA CLARA, CA 95050

New Principal Place of Business:

Current Mailing Address:

1600 MEMOREX DR
200
SANTA CLARA, CA 95050

New Mailing Address:

FEI Number: 01-0729881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DOREEN F WALLACE

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BUTZE, DAVID M
Address: 1600 MEMOREX DR
City-St-Zip: SANTA CLARA, CA 95050

Title: VP ( ) Delete
Name: KELBERG, JULIA
Address: 1600 MEMOREX DR
City-St-Zip: SANTA CLARA, CA 95050

Title: S ( ) Delete
Name: KERSTEN, MONTGOMERY
Address: 1600 MEMOREX DR
City-St-Zip: SANTA CLARA, CA 95050

Title: AS ( ) Delete
Name: GALLAGHER, DANIEL J
Address: 1600 MEMOREX DR
City-St-Zip: SANTA CLARA, CA 95050

Title: AS ( ) Delete
Name: BERG, CARL E
Address: 10050 BRADLEY DR
City-St-Zip: CUPERTINO, CA 95014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: VP ( ) Change (X) Addition
Name: TALLMAN, RICHARD J
Address: 1600 MEMOREX DRIVE
City-St-Zip: SANTA CLARA, CA 95050

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID M BUTZE PD 02/07/2007

Electronic Signature of Signing Officer or Director — Date