

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001651

FILED
Oct 13, 2009
Secretary of State

Entity Name: ALLOT COMMUNICATIONS, INC.

Current Principal Place of Business:

7664 GOLDEN TRIANGLE DRIVE
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

300 TRADECENTER
SUITE 4680
WOBURN, MA 08101

Current Mailing Address:

7664 GOLDEN TRIANGLE DRIVE
EDEN PRAIRIE, MN 55344

New Mailing Address:

300 TRADECENTER
SUITE 4680
WOBURN, MA 08101

FEI Number: 77-0462636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: BARBARA BURKE

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: COSTELLO, VINCENT
Address: 7664 GOLDEN TRIANGLE DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: C () Delete
Name: WHITMAN, ROGER
Address: 7664 GOLDEN TRIANGLE DRIVE
City-St-Zip: EDEN PRAIRIE, MN 55344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COSTELLO, VINCENT
Address: 300 TRADECENTER, SUITE 4680
City-St-Zip: WOBURN, MA 01801

Title: CONT (X) Change () Addition
Name: CHRISTIE, IBE
Address: 300 TRADECENTER, SUITE 4680
City-St-Zip: WOBURN, MA 01801

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: CHRISTIE A. IBE

CONT

10/13/2009

Electronic Signature of Signing Officer or Director

Date