


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 20 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002463 (5)**  
 1. Corporation Name  
**COMMVAULT SYSTEMS, INC.**



Principal Place of Business <b>ONE INDUSTRIAL WAY, BLDG D EATONTOWN NJ 07724</b>	Mailing Address <b>ONE INDUSTRIAL WAY, BLDG D EATONTOWN NJ 07724</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2 Crescent Place Bld</b>	2a. Mailing Address 2b <b>2 Crescent Place Bld</b>
22 Suite, Apt. #, etc. <b>PO Box 900</b>	27 PO Box #. <b>PO Box 900</b>
23 City & State <b>Oceanport, NJ</b>	28 City & State <b>Oceanport, NJ</b>
24 Zip <b>07757-0900</b> Country <b>USA</b>	29 Zip <b>07757-0900</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>05/16/1986</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO IRELAND, DAVID 1 INDUSTRIAL WAY, BLDG D EATONTOWN NJ 07757-0900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARRY, THOMAS 1 INDUSTRIAL WAY, BLDG D EATONTOWN NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GEESLIN, KEITH 1 INDUSTRIAL WAY, BLDG D EATONTOWN NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO Scotty Neal 2 CRESCENT PLACE BLD B PO BOX 900 OCEANPORT NJ 07757-0900</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: **SCOTT NEAL** **8/13/97** **732 870 4000**

CR2E034 (4/97)