

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -3 AM 8:36

DOCUMENT # **F96000002463**

1. Corporation Name
COMMVAULT SYSTEMS, INC.

Principal Place of Business	Mailing Address
2 CRESCENT PLACE BLDG P.O. BOX 800 OCEANPORT NJ 07757-0800	2 CRESCENT PLACE BLDG P.O. BOX 800 OCEANPORT NJ 07757-0800



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	05/16/1996
5. FEI Number	22-3447504
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For / Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	IRELAND, DAVID Robert Hammer	2 CRESCENT PLACE BLDG 2 CRESCENT PLACE Bld B	OCEANPORT NJ 07757 OCEANPORT NJ 07757
CFO	NEAL, SCOTTY Louis Miceli	2 CRESCENT PLACE BLDG 2 CRESCENT PLACE Bld B	OCEANPORT NJ 07757 OCEANPORT NJ 07757
Director	Thompson DEAN / DJ MERCHANT Banking	277 PARK AVENUE 19th FLOOR	NY NY 10172
Director	Keith Geeslin / Sprout Group	3000 Sandhill Road Bld 3 Suite 170	MENLO PARK CA 94025
Director	ALAN ANDERSON / Quintas Corp	4212 MISSION FALLS COURT	Freemont CA 94539
Director	KARL WYSS / DJ MERCHANT Banking	277 PARK AVENUE	NY NY 10172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City

100003046411--8
 -11/16/99--01101--001
 ***750.00 ***750.00
 State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Merryl Weiner Date 10/26/99
 REGISTERED AGENT MUST SIGN
 Merryl Weiner, Authorized Person

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 10/25/99 Daytime Phone # 732 870 4000

AD

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