

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002463

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: COMMVault SYSTEMS, INC.

**Current Principal Place of Business:**

2 CRESCENT PLACE BLDB  
P.O. BOX 900  
OCEANPORT, NJ 077570900

**New Principal Place of Business:**

**Current Mailing Address:**

2 CRESCENT PLACE BLDB  
P.O. BOX 900  
OCEANPORT, NJ 077570900

**New Mailing Address:**

FEI Number: 22-3447504      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: HAMMER, ROBERT  
Address: 2 CRESCENT PLACE BLD B  
City-St-Zip: OCEANPORT, NJ 077570900

Title: CFO ( ) Delete  
Name: MICELI, LOUIS  
Address: 2 CRESCENT PLACE BLD B  
City-St-Zip: OCEANPORT, NJ 077570900

Title: D ( ) Delete  
Name: PULVER, DAN  
Address: 11 MADISON AVE 16TH FLOOR  
City-St-Zip: NEW YORK, NY 10010

Title: D ( ) Delete  
Name: FANZILLI, FRANK  
Address: 5 OLD LANTERN PLACE  
City-St-Zip: NORWALK, CT 06851

Title: D ( ) Delete  
Name: GEESLIN, KEITH  
Address: 2882 SAND HILL RD, SUITE 280  
City-St-Zip: MENLO PARK, CA 94025

Title: D ( ) Delete  
Name: KURIMSKY, ROBERT  
Address: 14 SHORE HAVEN ROAD  
City-St-Zip: EAST NORWALK, CT 06880

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

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

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

Title: D (X) Change ( ) Addition  
Name: PULVER, DAN  
Address: 3 HAWTHORNE PLACE  
City-St-Zip: SUMMIT, NJ 07901

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

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

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

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: LOUIS F MICELI

CFO

01/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date