

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002463

FILED
Feb 20, 2007
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:

2 CRESCENT PLACE BLDB
OCEANPORT, NJ 077570900

Current Mailing Address:

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

New Mailing Address:

2 CRESCENT PLACE BLDB
OCEANPORT, NJ 077570900

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: 3 HAWTHORNE PLACE
City-St-Zip: SUMMIT, NJ 07901

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: () 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:

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

02/20/2007

Electronic Signature of Signing Officer or Director

Date