

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002463

FILED  
Mar 01, 2012  
Secretary of State

Entity Name: COMMVault SYSTEMS, INC.

**Current Principal Place of Business:**

2 CRESCENT PLACE BLDB  
OCEANPORT, NJ 077570900

**New Principal Place of Business:**

**Current Mailing Address:**

2 CRESCENT PLACE BLDB  
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

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: PULVER, DAN  
Address: 3 HAWTHORNE PLACE  
City-St-Zip: SUMMIT, NJ 07901

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LOUIS F MICELI

CFO

03/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date