

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90118 021 ***150.00

DOCUMENT # F96000002463

1. Entity Name
COMMAVAULT SYSTEMS, INC.



Principal Place of Business
**2 CRESCENT PLACE BLD B
P.O. BOX 900
OCEANPORT NJ 07757-0900**

Mailing Address
**2 CRESCENT PLACE BLD B
P.O. BOX 900
OCEANPORT NJ 07757-0900**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3447504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. 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)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Delete
NAME **HAMMER, ROBERT**
STREET ADDRESS **2 CRESCENT PLACE BLD B**
CITY-ST-ZIP **OCEANPORT NJ 07757-0900**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **MICELI, LOUIS**
STREET ADDRESS **2 CRESCENT PLACE BLD B**
CITY-ST-ZIP **OCEANPORT NJ 07757-0900**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PULVER, DAN**
STREET ADDRESS **11 MADISON AVE 16TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WYSS, KARL**
STREET ADDRESS **101 SOUTH HANLEY RD STE 600**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

TITLE ☐ Change ☒ Addition
NAME **Frank Fanzi**
STREET ADDRESS **5 old lantern Place**
CITY-ST-ZIP **Norwalk CT 06851**

TITLE **D** ☐ Delete
NAME **GEESLIN, KEITH**
STREET ADDRESS **3000 SANDHILL RD., BLDG 3, SUITE 170**
CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KURIMSKY, ROBERT**
STREET ADDRESS **64 HILLS LANE**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 (732) 870-4000

Date Daytime Phone #

CR2E034 (10/02)

Attachment 70016221

F96000024/103

CommVault
Systems

Board of Directors

Thomas Barry

29 Tudor Lane, Scarsdale, NY 10583

Armando Geday

Globespan Virata, 100 Schulz Drive, Redbank, NJ 07701