

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90071 004 \*\*\*150.00

**DOCUMENT # P27779**

1. Entity Name

**CISCO SYSTEMS, INC.**

Principal Place of Business

**170 W. TASMAN DRIVE  
 SAN JOSE CA 95134  
 US**

Mailing Address

**170 W. TASMAN DRIVE  
 SAN JOSE CA 95134-1700  
 US**

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

**77-0059951**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN T. CHAMBERS	
STREET ADDRESS	170 W. TASMAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, LARRY	
STREET ADDRESS	170 W., TASMAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINE, DONALD T.	
STREET ADDRESS	3000 SANDHILL RD, BLDG 4, STE 280	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUETTE, ROBERT	
STREET ADDRESS	170 W. TASMAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGRIDGE, JOHN P.	
STREET ADDRESS	170 W TASMAN DR	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBONS, JAMES	
STREET ADDRESS	170 W. TASMAN DRIVE	
CITY-ST-ZIP	SAN JOSE CA	

TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Rogan	
STREET ADDRESS	170 W Tasman Drive	
CITY-ST-ZIP	San Jose, CA 95134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

Daytime Phone #

CR2E034 (9/99)