

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001963

Entity Name: CALIX NETWORKS, INC.

Current Principal Place of Business:

1035 N. MCDOWELL BLVD.
PETALUMA, CA 94954

Current Mailing Address:

1035 N. MCDOWELL BLVD.
PETALUMA, CA 94954

FEI Number: 68-0438710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRESIDENT
Name RUSSO, CARL
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title CHIEF FINANCIAL OFFICER
Name SINDELAR, CORY
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name LISTWIN, DON
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name BOWICK, CHRISTOPHER J.
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name DENUCCIO, KEVIN
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name EVERETT, MICHAEL
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name FLYNN, MICHAEL
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name MAKAGON, KIRA
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

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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: CARL RUSSO

PRESIDENT

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATTHEWS, MICHAEL
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title DIRECTOR
Name PETERS, KEVIN
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954

Title SECRETARY
Name TOM, SUZANNE
Address 1035 N. MCDOWELL BLVD.
City-State-Zip: PETALUMA CA 94954