

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002463

Entity Name: COMMVault SYSTEMS, INC.

Current Principal Place of Business:

1 COMMVault WAY
TINTON FALLS, NJ 07724

FILED
Feb 23, 2015
Secretary of State
CC4852884758

Current Mailing Address:

1 COMMVault WAY
TINTON FALLS, NJ 07724 US

FEI Number: 22-3447504

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO
Name HAMMER, ROBERT
Address 1 COMMVault WAY
City-State-Zip: TINTON FALLS NJ 07724

Title COO
Name BUNTE, AL
Address 1 COMMVault WAY
City-State-Zip: TINTON FALLS NJ 07724

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

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

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

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

Title VP & CFO
Name CAROLAN, BRIAN
Address 1 COMMVault WAY
City-State-Zip: TINTON FALLS NJ 07724

Title VP, GENERAL COUNSEL
Name MONDSCHHEIN, WARREN
Address 1 COMMVault WAY
City-State-Zip: TINTON FALLS NJ 07724

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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: BRIAN CAROLAN

VP & CFO

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GEDAY, ARMANDO
Address 620 WEST 42ND STREET
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name SMITH, GARY
Address 7035 RIDGE ROAD
City-State-Zip: HANOVER MD 20176

Title DIRECTOR
Name WALKER, DAVID
Address 14388 EAGLE POINTE DRIVE
City-State-Zip: CLEARWATER FL 33762