

**2017 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**  
**Apr 21, 2017**  
**Secretary of State**  
**CC2448127615**

**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

**Continues on page 2**

*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**

**04/21/2017**

\_\_\_\_\_  
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