

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90050 034 \*\*\*150.00

DOCUMENT # F00000004482

1. Entity Name  
POLYCOM, INC.

Principal Place of Business

1565 BARBER LANE  
MILPITAS CA 95035

Mailing Address

1565 BARBER LANE  
MILPITAS CA 95035

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 94-3128324

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 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 ☐ Delete  
NAME HAGERTY, ROBERT  
STREET ADDRESS 1565 BARBER LANE  
CITY-ST-ZIP MILPITAS CA 95035

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

TITLE VCFO ☐ Delete  
NAME KOU'REY, MICHAEL  
STREET ADDRESS 1565 BARBER LANE  
CITY-ST-ZIP MILPITAS CA 95035

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

TITLE D ☐ Delete  
NAME ATKINS, BETSEY  
STREET ADDRESS 10 EDGEWATER DRIVE, APT. PHF  
CITY-ST-ZIP CORAL GABLES FL 33133

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

TITLE D ☐ Delete  
NAME BROWN, JOHN S  
STREET ADDRESS 3333 COYOTE HILL ROAD  
CITY-ST-ZIP PALO ALTO CA 94304

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

TITLE D ☐ Delete  
NAME KELLEY, JOHN  
STREET ADDRESS 1801 CALIFORNIA STREET, SUITE 5200  
CITY-ST-ZIP DENVER CO 80202

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

TITLE D ☐ Delete  
NAME MERESMAN, STAN  
STREET ADDRESS 2071 HUNTINGTON  
CITY-ST-ZIP LOS ALTOS CA 94024

TITLE ☐ Change ☐ 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: RICHARD DERANLEAU Richard Deranleau  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01  
Date

408 526-9200  
Daytime Phone #

CR2E034 (10/00)