FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90149 001 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004482

1. Entity Name Polycom, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4750 Willow Rd	4750 Willow Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pleasanton, CA	City & State: Pleasanton, CA
Zip: 94588 Country: USA	Zip: 94588 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3128324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

City: Plantation FL Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Chairman of Board, President, CEO
NAME	Robert C. Hagerty
STREET ADDRESS	1565 Barber Lane
CITY-ST-ZIP	Milpitas, CA 95035
TITLE	Sr VP & CFO
NAME	Michael R. Kourey
STREET ADDRESS	Same as above
CITY-ST-ZIP	
TITLE	Sr. VP
NAME	Sunil K. Bhalla
STREET ADDRESS	Same as above
CITY-ST-ZIP	
TITLE	Director
NAME	Betsy S. Atkins
STREET ADDRESS	Same as above
CITY-ST-ZIP	
TITLE	Director
NAME	John Seely Brown
STREET ADDRESS	Same as above
CITY-ST-ZIP	
TITLE	Director
NAME	John A. Kelley
STREET ADDRESS	Same as above
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 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 — Date — Daytime Phone #