


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0000005440**  
 1. Entity Name  
 IXIA, INC.



Principal Place of Business  
 26601 W. AGOURA RD  
 CALABASAS, CA 91302

Mailing Address  
 26601 W. AGOURA RD  
 CALABASAS, CA 91302

**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 95-4635982 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOBLE, JOE  
 6401 WASHINGTON ROAD  
 WEST PALM BEACH, FL 33405

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINSBERG, ERROL 26601 W AGOURA ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ASSCHER, JEAN-CLAUDE 5, RUE CARLE VERNET, SEVRES CEDEX 92315 FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGER, JON 1411 W. 190TH ST., #500 GARDENA, CA 90248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORINGER, HOWARD 600 MONTGOMERY ST., 45TH FLOOR SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MILLER, TOM 26601 W AGOURA ROAD CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000013427  
 01/26/04-80053-009 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-18-04 Daytime Phone #: 818-871-1900