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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 871976

AUTHORIZATION : /

COST LIMIT :

ORDER DATE: January 27, 2009

ORDER TIME : 1:58 PM

ORDER NO. : 871976-020

CUSTOMER NO: 7526986

CHANGE OF AGENT

NAME: PACKETEER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	1502. 617.0502, 607.1508, or 617.1508, Florida St Oration organized under the laws of the State of			
		fice or registered agent, or both, in the State of Fl			
1. The name o	f the corporation: Packetee	er, Inc.			
	al office address: 420 Nort	th Mary Avenue			
Sunnyva	ale, CA 94085				
3. The mailing	address (if different):		-,= .		.
4. Date of inco	orporation/qualification: 01/	10/2001 Document number: F01000	000147	,	
	nd street address of the curren artinent of State:	it registered agent and registered office on file with	SE	2009	
	NRAI Services, Inc.		CRE1	2009 JAN	
	2731 Executive Park	C Drive Ste #4	FARY ASSE	27	F
	Weston, FL 33331			PH	
6. The name ar (if changed)		egistered agent (if changed) and /or registered offic	ORIO	փ։ 56	
	Corporation Service	Company			
	1201 Hays Street	NOT acceptable)			
	Tallahassee, FL 323				
The street add as changed wi	ress of its registered office as lb be identical.	nd the street address of the business office of its	registered	d agent	[,
Such change vauthorized by	vas authorized by resolution the board, or the comporation	duly adopted by its board of directors or by an or has been notified in writing of the change.	officer so		
11.	8 DH			. سپه د	
_	iture of an officer or(director)	(Printed or typed name and tit			
I hereby accept I further agree of my duties, a document is be corporation ha	of the appointment as registed to comply with the provision and I am familiar with and accepted merely to reflect a as been notified in writing of	red agent and agree to act in this capacity. ns of all statutes relative to the proper and comp ecept the obligation of my position as registered change in the registered office address, I hereby this change.	olete perfo agent. O confirm	ormanc r if the that th	e is e
By: To	ation Service Company	1/27/2009			
(S	Signature of Registered Agent)	(Date)			
If signing on b	ehalf of an entity:	Doreen Wallace Assistant Vice President			
Doreen Wa	allace	Moderatic vice Flasidatic			
	(Typed or Printed Name)				
	* * *	FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314