2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000147

Entity Name: PACKETEER, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
420 NORTH MARY AVENUE SUNNYVALE, CA 94085						
Current Mailing Address:				New Mailing Address:		
420 NORTH MARY AVENUE SUNNYVALE, CA 94085			410 NORTH MARY AVENUE ATTN: TAX DEPARTMENT SUNNYVALE, CA 94085			
FEI Number: 77-0420107 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () COTE, DAVE 10201 N. DE ANZ CUPERTINO, CA			Title: Name: Address: City-St-Zip:	CEO (X) O NESMITH, BRIAN 420 NORTH MAR SUNNYVAE, CA	RY AVENUE
Title: Name: Address: City-St-Zip:	CFOS () E YNTEMA, DAVID 10201 N. DE ANZ CUPERTINO, CA			Title: Name: Address: City-St-Zip:	VP/S (X) (BAYHA, BETSY 420 NORTH MAR SUNNYVALE, CA	
Title: Name: Address: City-St-Zip:	D () E ELLIOT, CRAIG 10201 N DE ANZ CUPERTINO, CA			Title: Name: Address: City-St-Zip:	D (X) O NESMITH, BRIAN 420 NORTH MAR SUNNYVALE, CA	RY AVENUE
Title: Name: Address: City-St-Zip:	VO () E FREITAS, MANUI 10201 N. DE ANZ CUPERTINO, CA	ZA BLVD.		Title: Name: Address: City-St-Zip:	D (X) 0 BAYHA, BETSY 420 NORTH MAR SUNNYVALE, CA	
Title: Name: Address: City-St-Zip:	VE (X) [NELU, MIAHI 10201 N. DEANZ CUPERTINO, CA			Title: Name: Address: City-St-Zip:	() (Change()Addition
Title: Name: Address: City-St-Zip:	VHR (X) I PAPPAS, GREG 10201 N DEANZA CUPERTINO, CA			Title: Name: Address: City-St-Zip:	()(Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETSY BAYHA VP/S 03/31/2009