

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90113 006 ***150.00

DOCUMENT # F01000000147

1. Entity Name
PACKETEER, INC.



Principal Place of Business
10495 NORTH DE ANZA BLVD.
CUPERTINO CA 95014

Mailing Address
10495 NORTH DE ANZA BLVD.
CUPERTINO CA 95014

2. Principal Place of Business
10201 N De Anza Blvd
Suite, Apt. #, etc.

3. Mailing Address
10201 N De Anza Blvd
Suite, Apt. #, etc.

City & State
Cupertino CA
Zip 95014 Country USA

City & State
Cupertino CA
Zip 95014 Country USA

4. FEI Number 77-0420107

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ELLIOTT, CRAIG W 10495 NORTH DE ANZA BLVD. CUPERTINO CA 95014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLOWAY, BRETT D 10495 NORTH DE ANZA BLVD. CUPERTINO CA 95014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HON, ROBERT 10495 NORTH DE ANZA BLVD. CUPERTINO CA 95014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREITAS, MANUEL 10495 NORTH DE ANZA BLVD. CUPERTINO CA 95014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUTKREMER, TODD J 10495 NORTH DE ANZA BLVD. CUPERTINO CA 95014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUNDSTROM, NEIL 10495 NORTH DE ANZA BLVD. CUPERTINO CA 95014	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COTE, DAVE 10201 N DEANZA BLVD CUPERTINO CA 95014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID YNTEMA 10201 N DEANZA BLVD CUPERTINO CA 95014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10201 N DEANZA BLVD CUPERTINO CA 95014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10201 N DE ANZA BLVD CUPERTINO CA 95014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	10201 N DE ANZA BLVD CUPERTINO CA 95014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

408 873-4400

Date

Daytime Phone #

CR2E034 (10/02)