

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000006156**

1. Entity Name

NETSCALER, INC.



Principal Place of Business

2880 SAN TOMAS EXPRESSWAY, SUITE 200  
SANTA CLARA CA 95051

Mailing Address

2880 SAN TOMAS EXPRESSWAY, SUITE 200  
SANTA CLARA CA 95051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **77-0471869**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2004 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 TCD ☐ Delete  
NAME JAGADEESH, B V  
STREET ADDRESS 2880 SAN TOMAS EXPRESSWAY, SUITE 200  
CITY-ST-ZIP SANTA CLARA CA 95051

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BOCHNER, STEVE  
STREET ADDRESS 2880 SAN TOMAS EXPRESSWAY, SUITE 200  
CITY-ST-ZIP SANTA CLARA CA 95051

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GARG, GUARAV  
STREET ADDRESS 3500 SAND HILL ROAD BLDG 4 STE 180  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SAHU, ANKUR  
STREET ADDRESS 265 SAND HILL ROAD  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOLANDER, RICK  
STREET ADDRESS 350 MARINE PARKWAY, SUITE 200  
CITY-ST-ZIP REDWOOD SHORES CA 94065

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: B.V. Jagadeesh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

408-987-8760