

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003336

FILED
Apr 21, 2009
Secretary of State

Entity Name: NETWORK GENERAL CORPORATION

Current Principal Place of Business:

310 LITTLEON ROAD
WESTFORD, MA 01886

New Principal Place of Business:

310 LITTLEON ROAD
WESTFORD, MA 01886 US

Current Mailing Address:

310 LITTLEON ROAD
WESTFORD, MA 01886

New Mailing Address:

310 LITTLEON ROAD
WESTFORD, MA 01886 US

FEI Number: 80-0105898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: EGAN, JOHN
Address: 116 FLANDERS ROAD
City-St-Zip: WESTBORO, MA 01581

Title: T () Delete
Name: SOMMERS, DAVID
Address: 310 LITTLEON ROAD
City-St-Zip: WESTFORD, MA 01886

Title: P (X) Delete
Name: SINGHAL, ANIL
Address: 310 LITTLETON ROAD
City-St-Zip: WESTFORD, MA 01886

Title: V (X) Delete
Name: WAKELY, JEFFREY R
Address: 310 LITTLETON ROAD
City-St-Zip: WESTFORD, MA 01886

Title: D (X) Delete
Name: TAYLOR, BRIAN
Address: 345 CALIFORNIA ST, STE 3300
City-St-Zip: SAN FRANCISCO, CA 94104

Title: D (X) Delete
Name: MULLARKEY, VINCENT
Address: 2 WINGATE LANE
City-St-Zip: ACTON, MA 01720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DAVID
Address: 310 LITTLEON ROAD WESTFORD MA 01886
City-St-Zip: WESTFORD, MA 01886 US

Title: D (X) Change () Addition
Name: ANIL
Address: 310 LITTLETON ROAD WESTFORD MA 01886
City-St-Zip: WESTFORD, MA 01886 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID SOMMERS

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date