

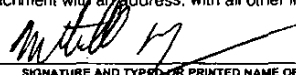


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90044 043 \*\*\*158.75

<b>DOCUMENT # F05000003941</b> 1. Entity Name <b>JUNIPER NETWORKS (US), INC.</b>					
Principal Place of Business <b>1194 N. MATHILDA AVENUE SUNNYVALE, CA 94089</b>			Mailing Address <b>1194 N. MATHILDA AVENUE SUNNYVALE, CA 94089</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01082008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>77-0559889</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GANI, MARCEL</b> <b>1194 N. MATHILDA AVENUE</b> <b>SUNNYVALE, CA 94089</b>		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KRIENS, SCOTT</b> <b>1194 N. MATHILDA AVENUE</b> <b>SUNNYVALE, CA 94089</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NIVEN, KENNETH</b> <b>1194 N. MATHILDA AVENUE</b> <b>SUNNYVALE, CA 94089</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GAYNOR, MITCHELL L</b> <b>1194 N. MATHILDA AVENUE</b> <b>SUNNYVALE, CA 94089</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SUTTON, JODI L</b> <b>1194 N. MATHILDA AVENUE</b> <b>SUNNYVALE, CA 94089</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			Director, VP, Secretary & General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>SIGNATURE:</b> 			<b>Mitchell L. Gaynor Secretary</b> 408/745-2000 1/24/08 Date Daytime Phone #		