

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001854

Entity Name: ARUBA NETWORKS, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

1344 CROSSMAN AVE.
SUNNYVALE, CA 94089

New Principal Place of Business:

Current Mailing Address:

1344 CROSSMAN AVE.
SUNNYVALE, CA 94089

New Mailing Address:

FEI Number: 02-0579097 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: CEO () Delete
Name: ORR, DOMINIC
Address: 12833 STAR RIDGE CT
City-St-Zip: SARATOGA, CA 95070

Title: CEO () Delete
Name: MELKOTE, KEERTI FOUNDER
Address: 3305 POMERADO WAY
City-St-Zip: SAN JOSE, CA 95135

Title: D () Delete
Name: GUIDON, BERNARD
Address: 1344 CROSSMAN AVE.
City-St-Zip: SUNNYVALE, CA 94089

Title: D () Delete
Name: HERNANDEZ, EMMANUEL T
Address: 1344 CROSSMAN AVE.
City-St-Zip: SUNNYVALE, CA 94089

Title: D () Delete
Name: LEONE, DOUG
Address: 1344 CROSSMAN AVE
City-St-Zip: SUNNYVALE, CA 94089

Title: D () Delete
Name: SATHAYE, SHIRISH
Address: 1344 CROSSMAN AVE
City-St-Zip: SUNNYVALE, CA 94089

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: STEFFAN TOMLINSON

CFO

01/07/2009

Electronic Signature of Signing Officer or Director

Date