## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F07000002398**

1. Entity Name

WEBEX COMMUNICATIONS, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

3979 FREEDOM CIRCLE SANTA CLARA, CA 95054 Mailing Address

3979 FREEDOM CIRCLE SANTA CLARA, CA 95054



DO NOT WRITE IN THIS SPACE

04172008 No Chg-P

CR2E034 (11/05)

 FEI Number 77-0548319 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

SAN JOSEARA, CA 95134

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE HOOPER, NED NAME 170 WEST TASMAN DR. STREET ADDRESS **SAN JOSE, CA 95134** CITY-ST-ZIP TITLE HOLLAND, DAVID NAME 170 WEST TASMAN DR. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95134 TITLE CHANDLER, MARK NAME STREET ADDRESS 170 WEST TASMAN DR. CITY-ST-ZIP SAN JOSE, CA 95134 TITLE POWELL, DENNIS NAME 170 WEST TASMAN DR. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95134 TITLE GORMAN, MARK NAME 170 WEST TASMAN DR. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95134 TITLE SLOVES, EVAN NAME STREET ADDRESS 170 WEST TASMAN DR.

%\_\_U00000922999;%\\_; ;05%18/08+80013+013**%**150/0

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. HOLLAND, UP

4/18/08

Daytime Phone #