2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000445

Entity Name: NETSUITE INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
C/O ADRIANA BOTTO SUITE 100, 2955 CAMPUS DRIVE SAN MATEO, CA 94403					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
C/O ADRIANA BOTTO SUITE 100, 2955 CAMPUS DRIVE SAN MATEO, CA 94403					
FEI Number:	94-3310471	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US					
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:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VS () D SOLOMON, DOUG 2955 CAMPUS DI SAN MATEO, CA	RIVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DC () D GOLDBERG, EVA 2955 CAMPUS DI SAN MATEO, CA	RIVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () D MCGEEVER, JAN 2955 CAMPUS DI SAN MATEO, CA	IES RIVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D DILLEY, TIMOTH' 2955 CAMPUS DI SAN MATEO, CA	Ý RIVE, SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () D MANSFIELD, DEA 2955 MANSFIELD SAN MATEO, CA)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D BEANE, WILLIAM 2955 MANSFIELD SAN MATEO, CA	L III)	Title: Name: Address: City-St-Zip:	() Change () Addition	
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

SEC

SIGNATURE: DOUGLAS P. SOLOMON

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

02/05/2009