

FO8000004681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

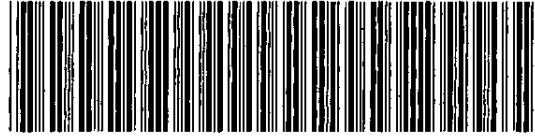
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1108-31904  
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7/3/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2008

LINDA MOFFITT\*\*\*2ND MAILOUT\*\*\*  
2 CRESCENT PLACE  
OCEANPORT, NJ 07757

SUBJECT: COMMVAULT AMERICAS INC.  
Ref. Number: W08000031904

We have received your document for COMMVAULT AMERICAS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 308A00039674



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2008

LINDA MOFFITT  
2 CRESCENT PLACE  
OCEANPORT, NJ 07757

SUBJECT: COMMVAULT AMERICAS INC.  
Ref. Number: W08000031904

We have received your document for COMMVAULT AMERICAS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 308A00039674

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** COMMVAULT AMERICAS INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LINDA MOFFITT  
(Name of Person)

COMMVAULT AMERICAS INC.  
(Firm/Company)

2 Crescent Place;  
(Address)

Oceanport, NJ 07757  
(City/State and Zip code)

For further information concerning this matter, please call:

LINDA MOFFITT at ( 732 ) 870-4023  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee     \$78.75 Filing Fee & Certificate of Status     \$78.75 Filing Fee & Certified Copy     \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. COMMVAULT AMERICAS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 20-8823240

(FEI number, if applicable)

4. FEBRUARY 8, 2007

(Date of incorporation)

5. PERPETUAL EXISTENCE

(Duration: Year corp. will cease to exist or "Perpetual")

6. April 1, 2008

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Crescent Place; Oceanport, NJ 07757

(Principal office address)

2 Crescent Place; Oceanport, NJ 07757

(Current mailing address)

8. Management Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Joyce L. Markley  
(Registered agent's signature)

**Joyce L. Markley**  
Assistant Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N Robert Hammer

Address: c/o 2 crescent Place Bldg B  
Oceanport NJ 07757

Vice Chairman: Louis F Miceli

Address: c/o 2 crescent Place, Bldg B  
Oceanport NJ 07757

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. OFFICERS

President: N Robert Hammer

Address: c/o 2 crescent Place Bldg B  
Oceanport NJ 07757

Vice President: Alan Bunte

Address: c/o 2 crescent Place Bldg B  
Oceanport NJ 07757

Secretary: Warren Mondschein

Address: c/o 2 crescent Place Bldg B; Oceanport NJ 07757

Treasurer: Louis F Miceli Louis F. Miceli

Address: c/o 2 crescent Place Bldg B; Oceanport NJ 07757

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Louis F Miceli  
(Signature of Director or Officer listed in number 12 of the application)

14. Louis F Miceli Treasurer  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMVAULT AMERICAS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2008.



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080691697

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

**AUTHENTICATION: 6660051**

**DATE: 06-13-08**