

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002279

FILED
Mar 17, 2004
Secretary of State

Entity Name: VERITAS SOFTWARE GLOBAL CORPORATION

Current Principal Place of Business:

350 ELLIS ST
P.O. BOX 7011
MOUNTAIN VIEW, CA 94043 US

New Principal Place of Business:

Current Mailing Address:

8300 BOONE BLVD., STE 700
ATTN: GOVERNMENT BUSINESS OPERATIONS
VIENNA, VA 22182 US

New Mailing Address:

FEI Number: 59-2878624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CEOP () Delete
Name: BLOOM, GARY
Address: 350 ELLIS ST
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: V (X) Delete
Name: SALLABERRY, PAUL
Address: 350 ELLIS ST
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: CFOD () Delete
Name: GILLIS, EDWIN
Address: 350 ELLIS ST
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: VC () Delete
Name: SQUIRE, GEOFFREY W
Address: 350 ELLIS ST
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: T () Delete
Name: OLSON, KEVIN
Address: 350 ELLIS ST
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

Title: S () Delete
Name: JONES, JAY
Address: 350 ELLIS ST
City-St-Zip: MOUNTAIN VIEW, CA 94043 US

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 for the exemption stated in Section 119.07(3)(i), 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: KARI REINHARDT

GOV

03/17/2004

Electronic Signature of Signing Officer or Director

_____ Date