

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90057 034 \*\*\*150.00

**DOCUMENT # F97000003276**

1. Entity Name  
**NETSCOUT SYSTEMS, INC.**



Principal Place of Business  
**310 LITTLETON RD  
WESTFORD, MA 01886 US**

Mailing Address  
**310 LITTLETON RD  
WESTFORD, MA 01886 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**04-2837575**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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's signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	CSD	<input type="checkbox"/> Delete
NAME	POPAT, NARENDRA	
STREET ADDRESS	310 LITTLETON RD	
CITY-ST-ZIP	WESTFORD, MA 01886	
TITLE	V	<input type="checkbox"/> Delete
NAME	WAKELY, JEFFREY	
STREET ADDRESS	310 LITTLETON RD	
CITY-ST-ZIP	WESTFORD, MA 01886	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SINGHAL, ANIL	
STREET ADDRESS	310 LITTLETON RD	
CITY-ST-ZIP	WESTFORD, MA 01886	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGAN, JOHN R	
STREET ADDRESS	116 FLANDERS RD	
CITY-ST-ZIP	WESTBOROUGH, MA 01581	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHICIANO, KENNETH	
STREET ADDRESS	HIGH ST TOWER, STE.#2500, 125 HIGH ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	D	<input type="checkbox"/> Delete
NAME	HADZIMA, JOSEPH	
STREET ADDRESS	ONE BROADWAY STE 1300	
CITY-ST-ZIP	CAMBRIDGE, MA 02142	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jeff Wakely*  
**JEFF WAKELY**

**2/8/07**

**978-614-4374**