

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004738

FILED
Mar 21, 2011
Secretary of State

Entity Name: AGILENT TECHNOLOGIES, INC.

Current Principal Place of Business:

5301 STEVENS CREEK BLVD.
SANTA CLARA, CA 95051

New Principal Place of Business:

Current Mailing Address:

5301 STEVENS CREEK BLVD.
MS 1A-LC
SANTA CLARA, CA 95051

New Mailing Address:

FEI Number: 77-0518772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: SULLIVAN, WILLIAM P
Address: 5301 STEVENS CREEK BLVD.
City-St-Zip: SANTA CLARA, CA 95051

Title: VPCF
Name: HIRSCH, DIDIER
Address: 5301 STEVENS CREEK BLVD.
City-St-Zip: SANTA CLARA, CA 95051

Title: VPT
Name: TERRY, HILLIARD C III
Address: 5301 STEVENS CREEK BLVD.
City-St-Zip: SANTA CLARA, CA 95051

Title: VPHR
Name: HALLORAN, JEAN M
Address: 5301 STEVENS CREEK BLVD.
City-St-Zip: SANTA CLARA, CA 95051

Title: VP
Name: WILLIAMS, STEPHEN D
Address: 5301 STEVENS CREEK BLVD.
City-St-Zip: SANTA CLARA, CA 95051

Title: VPGC
Name: HUBER, MARIE O
Address: 5301 STEVENS CREEK BLVD.
City-St-Zip: SANTA CLARA, CA 95051

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN D. WILLIAMS

VP

03/21/2011

Electronic Signature of Signing Officer or Director

_____ Date