

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000618

FILED  
Feb 06, 2012  
Secretary of State

**Entity Name:** EQUINIX OPERATING CO LLC

**Current Principal Place of Business:**

ONE LAGOON DRIVE 4TH FLOOR  
REDWOOD CITY, CA 94065

**New Principal Place of Business:**

**Current Mailing Address:**

ONE LAGOON DRIVE 4TH FLOOR  
REDWOOD CITY, CA 94065

**New Mailing Address:**

**FEI Number:** 11-3677198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ARNELL, CATHRYN  
**Address:** ONE LAGOON DRIVE 4TH FLOOR  
**City-St-Zip:** REDWOOD CITY, CA 94065

**Title:** MGR  
**Name:** HOROWITZ, HOWARD  
**Address:** ONE LAGOON DRIVE 4TH FLOOR  
**City-St-Zip:** REDWOOD CITY, CA 94065

**Title:** MGR  
**Name:** MILLER, SIMON  
**Address:** ONE LAGOON DRIVE 4TH FLOOR  
**City-St-Zip:** REDWOOD CITY, CA 94065

**Title:** MGR  
**Name:** ADAMS, MARK  
**Address:** ONE LAGOON DRIVE 4TH FLOOR  
**City-St-Zip:** REDWOOD CITY, CA 94065

**Title:** MGRM  
**Name:** EQUINIX SERVICES, INC.  
**Address:** ONE LAGOON DRIVE 4TH FLOOR  
**City-St-Zip:** REDWOOD CITY, CA 94065

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** MARK ADAMS

MGR

02/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date