

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P27779**

1. Entity Name  
CISCO SYSTEMS, INC.



Principal Place of Business  
170 W. TASMAN DRIVE  
SAN JOSE, CA 95134 US

Mailing Address  
170 W. TASMAN DRIVE  
SAN JOSE, CA 95134 US



02242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
77-0059951

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000074034  
03/03/04-80001-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN T. CHAMBERS 170 W. TASMAN DRIVE SAN JOSE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, LARRY 170 W., TASMAN DRIVE SAN JOSE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTINE, DONALD T. 3000 SANDHILL RD, BLDG 4, STE 280 MENLO PARK, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, DAVID 170 W. TASMAN DRIVE SAN JOSE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGRIDGE, JOHN P. 170 W TASMAN DR SAN JOSE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, JAMES 170 W. TASMAN DRIVE SAN JOSE, CA

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

2/25/04

Daytime Phone #