

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 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**



02252005 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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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03/11/05-80029-025 150.00

**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)(f), 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

*David Holland*

*3/11/05*

Date

Daytime Phone #