

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90129 046 ***150.00

0869122 AT

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

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	

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 REQUIRED _____ Date **3/31/03** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)