

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002703

Entity Name: MELLANOX TECHNOLOGIES, INC.**Current Principal Place of Business:**350 OAKMEAD PARKWAY, SUITE 100
SUNNYVALE, CA 94085**Current Mailing Address:**350 OAKMEAD PARKWAY, SUITE 100
SUNNYVALE, CA 94085**FEI Number: 77-0506739****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT, CEO
Name	WALDMAN, EYAL
Address	350 OAKMEAD PARKWAY, SUITE 100
City-State-Zip:	SUNNYVALE CA 94085

Title	DIRECTOR
Name	SHULMAN, JACOB
Address	350 OAKMEAD PARKWAY, SUITE 100
City-State-Zip:	SUNNYVALE CA 94085

Title	SECRETARY
Name	MENDELSON, ALAN
Address	140 SCOTT DRIVE
City-State-Zip:	MENLO PARK CA 94025

Title	CFO
Name	SHULMAN, JACOB
Address	350 OAKMEAD PARKWAY, SUITE 100
City-State-Zip:	SUNNYVALE CA 94085

Title	DIRECTOR
Name	WALDMAN, EYAL
Address	350 OAKMEAD PARKWAY, SUITE 100
City-State-Zip:	SUNNYVALE CA 94085

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: JACOB SHULMAN**CFO****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date