

1.) CORPORATION NAME:

**NetSuite Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1736760**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2955 CAMPUS DR STE 100  
C/O ADRIANA BOTTO

CITY/ST/ZIP: SAN MATEO, CA 94403

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ZACHARY NELSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DTR		
ADDRESS:	2955 CAMPUS DR STE 100		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	EVAN M GOLDBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CTO/CHAIR		
ADDRESS:	2955 CAMPUS DR STE 100		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	TIMOTHY DILLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF CUST. OFF		
ADDRESS:	2955 CAMPUS DR STE 100		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	RONALD GILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2955 CAMPUS DR STE 100		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	JAMES MCGEEVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	2955 CAMPUS DR STE 100		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	JAMES RAMSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, WW SALES		
ADDRESS:	2955 CAMPUS DR STE 100		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS P SOLOMON SVP, GC & SEC 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM L BEANE, III DIRECTOR 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH A FARRINGTON DIRECTOR 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN GOMO DIRECTOR 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE KINNEY DIRECTOR 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN B THOMPSON DIRECTOR 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J ZANDER DIRECTOR 2955 CAMPUS DR STE 100 SAN MATEO, CA 94403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DOUGLAS P SOLOMON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS P SOLOMON, SVP, GC & SEC PRINTED NAME AND CORPORATE TITLE	2/27/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			