

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90015 023 \*\*\*150.00

0441676

**DOCUMENT # F00000005012**

1. Entity Name  
**SPHERA OPTICAL NETWORKS N.A., INC.**

Principal Place of Business <b>200 MADISON AVE., SUITE 502          NEW YORK NY 10016</b>	Mailing Address <b>200 MADISON AVE., SUITE 502          NEW YORK NY 10016</b>
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704111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>666 3rd Avenue</b>	3. Mailing Address <b>666 3rd Avenue</b>
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Suite, Apt. #, etc. <b>2nd Floor</b>	Suite, Apt. #, etc. <b>2nd Floor</b>
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City & State <b>New York, New York</b>	City & State <b>New York, New York</b>
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4. FEI Number <b>13-4124982</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>10017</b>	Country <b>USA</b>	Zip <b>10017</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GROSSNICKLE, HAROLD</b> <b>2 SANDALWOOD DRIVE</b> <b>WARREN NJ 07059</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/D</b> <b>666 3rd Avenue, 2nd Floor</b> <b>New York, NY 10017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO</b> <b>BELL, LOUISE</b> <b>200 MADISON AVE., SUITE 502</b> <b>NEW YORK NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>666 3rd Avenue, 2nd Floor</b> <b>New York, NY 10017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>RYAN, SCOTT</b> <b>200 MADISON AVE., SUITE 502</b> <b>NEW YORK NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>666 3rd Avenue, 2nd Floor</b> <b>New York, NY 10017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SNYDER, ROBERT</b> <b>200 MADISON AVE., SUITE 502</b> <b>NEW YORK NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>666 3rd Avenue, 2nd Floor</b> <b>New York, NY 10017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>VAN LEEUWEN, RICH</b> <b>200 MADISON AVE., SUITE 502</b> <b>NEW YORK NY 10016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>666 3rd Avenue, 2nd Floor</b> <b>New York, NY 10017</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Scott Ryan **3/13/01** **646-205-4700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)