


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90023 034 ***150.00

DOCUMENT # F00000005208					
1. Entity Name RIVERSTONE NETWORKS, INC.					
Principal Place of Business 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054			Mailing Address 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054		
2. Principal Place of Business Same as above		3. Mailing Address Same as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212005 Chg-P CR2E034 (10/03)	
4. FEI Number 95-4596178				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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: Same as #6 (no change) 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: <u> n/a </u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JUAN OSCAR 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Booth, Dale (Director) 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOS BARNES, ROGER A 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEL CALVO, JORGE 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEYAND, BILL 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR McCLELLAND, GEORGE 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESSNER, MICHAEL 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER (SECRETARY) MESEL, NOAH D. 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAISLEY, CHRIS 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, SYLVIA 5200 GREAT AMERICA PARKWAY SANTA CLARA, CA 95054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u> Noah D. Meisel </u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Noah D. Meisel Corporate Secretary 2/15/05 408-878-6394 <small>Date Daytime Phone #</small>		