

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004375

FILED
Apr 28, 2005
Secretary of State

Entity Name: 3COM CORPORATION

Current Principal Place of Business:

350 CAMPUS DRIVE
MARLBOROUGH, MA 01752 US

New Principal Place of Business:

Current Mailing Address:

5403 BETSY ROSS DRIVE
MAILSTOP 1207
SANTA CLARA, CA 95054 US

New Mailing Address:

FEI Number: 94-2605794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: CLAFLIN, BRUCE
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: D () Delete
Name: BENHAMOU, ERIC L
Address: 55 GREAT AMERICA PKWY
City-St-Zip: SANTA CLARA, CA 95054

Title: D () Delete
Name: YOVOVICH, PAUL
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: D () Delete
Name: LONG, JAMES
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: D () Delete
Name: REDDY, RAJ
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCE (X) Change () Addition
Name: CLAFLIN, BRUCE
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: D (X) Change () Addition
Name: BENHAMOU, ERIC L
Address: 5403 BETSY ROSS DR
City-St-Zip: SANTA CLARA, CA 95054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LONG, JAMES R
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: HALSTED, DONALD M
Address: 350 CAMPUS DR
City-St-Zip: MARLBOROUGH, MA 01752

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD M HALSTED III

CFO

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date