

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004375

FILED
Mar 31, 2009
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:

350 CAMPUS DRIVE
MARLBOROUGH, MA 01752 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:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: D () Delete
Name: BENHAMOU, ERIC L
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

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

Title: D () Delete
Name: LONG, JAMES R
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: CFO () Delete
Name: ZAGER, JAY
Address: 350 CAMPUS DR
City-St-Zip: MARLBOROUGH, MA 01752

Title: CEOP () Delete
Name: MASRI, EDGAR
Address: 350 CAMPUS DR
City-St-Zip: MARLBOROUGH, MA 01752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DICAMILLO, GARY T
Address: 350 CAMPUS DRIVE
City-St-Zip: MARLBOROUGH, MA 01752

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

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

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

Title: CEOD (X) Change () Addition
Name: MAO, ROBERT
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 exemption stated in Chapter 119, 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: KEITH FARRIS

_____ Electronic Signature of Signing Officer or Director

CONT

03/31/2009

_____ Date