

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90008 001 ***150.00

DOCUMENT # F99000001775

1. Entity Name
PIRELLI OPTICAL SYSTEMS NORTH AMERICA, INC.

Principal Place of Business 705 INDUSTRIAL DRIVE LEXINGTON SC 29072	Mailing Address 705 INDUSTRIAL DRIVE LEXINGTON SC 29072-3741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2447303		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name							
				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.

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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input checked="" type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDDETT, KEVIN E		NAME	Sebastiano Caruso	
STREET ADDRESS	705 INDUSTRIAL DRIVE		STREET ADDRESS	106 Paces Brook, Apt # 10633	
CITY-ST-ZIP	LEXINGTON SC 29072		CITY-ST-ZIP	Columbia, SC 29212	
TITLE	WV	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENZWEIG, ALEXANDER		NAME	Louis D. Kopsa	
STREET ADDRESS	705 INDUSTRIAL DRIVE		STREET ADDRESS	128 Cove Street	
CITY-ST-ZIP	LEXINGTON SC 29072		CITY-ST-ZIP	Irmo, SC 29063	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITAGLIANO, ANTHONY		NAME	Glenn J. Heiar	
STREET ADDRESS	705 INDUSTRIAL DRIVE		STREET ADDRESS	260 Edgewood Drive	
CITY-ST-ZIP	LEXINGTON SC 29072		CITY-ST-ZIP	Chapin, SC 29036	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VORRASI, JAMES B		NAME	Alexander Rosenzweig	
STREET ADDRESS	705 INDUSTRIAL DRIVE		STREET ADDRESS	2500 Johnson Ave., Apt. # 196	
CITY-ST-ZIP	LEXINGTON SC 29072		CITY-ST-ZIP	Bronx, NY 10463	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kevin E. Riddett	
STREET ADDRESS			STREET ADDRESS	246 Stoneridge Drive, Suite 400	
CITY-ST-ZIP			CITY-ST-ZIP	Columbia, SC 29210	
TITLE		<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	G. Murchio	
STREET ADDRESS			STREET ADDRESS	246 Stoneridge Drive, Ste 400	
CITY-ST-ZIP			CITY-ST-ZIP	Columbia, SC 29210	

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: _____ **REQUIRED** **2/4/00** **(803) 951-1012**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)