FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40744** **(5)**

1. Corporation Name

TELLABS OPERATIONS, INC.

Principal Place of Business	Mailing Address
4951 INDIANA AVE. (M.S. #19) LISLE IL 60532	4951 INDIANA AVE. (M.S. #19) LISLE IL 60532

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 1000 Remington Blvd	26 1000 Remington Blvd
Suite, Apt. #, etc. 22 MS 119	Suite, Apt. #, etc. 27 MS 119
City & State 23 Bolingbrook, IL	City & State 28 Bolingbrook, IL
Zip 24 60440 Country 25 USA	Zip 29 60440 Country 30 USA

4. FEI Number: 74-2620088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P	☒ Change ☐ Addition
NAME	BIRCK, MICHAEL J.	12 NAME	Brian J. Jackman	
STREET ADDRESS	4951 INDIANA AVE	13 STREET ADDRESS	4951 Indiana Ave.	
CITY-ST-ZIP	LISLE IL	14 CITY-ST-ZIP	Lisle IL 60532	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	COONEY, CHARLES C.	22 NAME		
STREET ADDRESS	4951 INDIANA AVE	23 STREET ADDRESS		
CITY-ST-ZIP	LISLE IL	24 CITY-ST-ZIP		
TITLE	VTS	31 TITLE		☐ Change ☐ Addition
NAME	GUGLIELMI, PETER A.	32 NAME		
STREET ADDRESS	4951 INDIANA AVE	33 STREET ADDRESS		
CITY-ST-ZIP	LISLE IL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES PETER	42 NAME		
STREET ADDRESS	4951 INDIANA AVE	43 STREET ADDRESS		
CITY-ST-ZIP	LISLE IL	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	ROTTER, JEFFREY H.	52 NAME		
STREET ADDRESS	4951 INDIANA AVE	53 STREET ADDRESS		
CITY-ST-ZIP	LISLE IL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey H. Rotter JEFFREY H ROTTER 4/11/95 (708)378-6851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477680 FP