

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40744** (5)

1. Corporation Name
TELLABS OPERATIONS, INC.



Principal Place of Business: **1000 REMINGTON BLVD MS 119 BOLINGBROOK IL 60440 US**
Mailing Address: **1000 REMINGTON BLVD MS 119 BOLINGBROOK IL 60440 US**

2. Principal Place of Business (21) Suite, Apt. #, etc.:
22 City & State:
23 Zip: Country: 25
2a. Mailing Address (26) Suite, Apt. #, etc.:
27 City & State:
28 Zip: Country: 30

3. Date Incorporated or Qualified: **09/22/1992**
3a. Date of Last Report: **04/21/1995**
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
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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: _____ DATE: _____
(NOTE: Registered Agent sign in the pink when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JACKMAN, BRAIN J	
STREET ADDRESS	4951 INDIAN AVE	
CITY-ST-ZIP	LISLE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COONEY, CHARLES C.	
STREET ADDRESS	4951 INDIANA AVE	
CITY-ST-ZIP	LISLE IL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	GUGLIELMI, PETER A.	
STREET ADDRESS	4951 INDIANA AVE	
CITY-ST-ZIP	LISLE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES PETER	
STREET ADDRESS	4951 INDIANA AVE	
CITY-ST-ZIP	LISLE IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROTTER, JEFFREY H.	
STREET ADDRESS	4951 INDIANA AVE	
CITY-ST-ZIP	LISLE IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	1000 REMINGTON BLVD. MS119
34 CITY-ST-ZIP	BOLINGBROOK, IL 60440
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	1000 REMINGTON BLVD. MS 119
44 CITY-ST-ZIP	BOLINGBROOK, IL 60440
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	1000 REMINGTON BLVD. MS 119
54 CITY-ST-ZIP	BOLINGBROOK, IL 60440
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 this 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* 1/31/96 (708) 378-6855
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)