

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA 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 (Site, Apt. #, etc.), 22 (City & State), 23 (Zip), 24 (Country)
2a. Mailing Address: 26 (Suite, Apt. #, etc.), 27 (City & State), 28 (Zip), 29 (Country)

3. Date Incorporated or Qualified: **09/22/1992**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **74-2620088**
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
85 Zip Code: **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	JACKMAN, BRAIN J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		1.2 NAME	
STREET ADDRESS:	4951 INDIAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP:	LISLE IL	1.4 CITY-ST-ZIP	
TITLE: V	COONEY, CHARLES C.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:	4951 INDIANA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP:	LISLE IL	2.4 CITY-ST-ZIP	
TITLE: VTS	GUGLIELMI, PETER A.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:	4951 INDIANA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP:	LISLE IL	3.4 CITY-ST-ZIP	
TITLE: V	JOHNSON, JAMES PETER	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:	4951 INDIANA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP:	LISLE IL	4.4 CITY-ST-ZIP	
TITLE: AS	ROTTER, JEFFREY H.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:	4951 INDIANA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP:	LISLE IL	5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

1000 REMINGTON BLVD. MS119
BOLINGBROOK, IL 60440

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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)