

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P40744 (5)**

1. Corporation Name  
**TELLABS OPERATIONS, INC.**



Principal Place of Business <b>1000 REMINGTON BLVD                  MS 119                  BOLINGBROOK IL 60440                  US</b>	Mailing Address <b>1000 REMINGTON BLVD                  MS 119                  BOLINGBROOK IL 60440                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>09/22/1992</b>	4. FEI Number <b>74-2620088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKMAN, BRAIN J</b>	
STREET ADDRESS	<b>4951 INDIAN AVE</b>	
CITY-ST-ZIP	<b>LISLE IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COONEY, CHARLES C.</b>	
STREET ADDRESS	<b>4951 INDIANA AVE</b>	
CITY-ST-ZIP	<b>LISLE IL</b>	
TITLE	<b>VTS</b>	<input type="checkbox"/> DELETE
NAME	<b>GUGLIELMI, PETER A.</b>	
STREET ADDRESS	<b>1000 REMINGTON BLVD MS119</b>	
CITY-ST-ZIP	<b>BOLINGBROOK IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JAMES PETER</b>	
STREET ADDRESS	<b>1000 REMINGTON BLVD MS 119</b>	
CITY-ST-ZIP	<b>BOLINGBROOK IL</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROTTER, JEFFREY H.</b>	
STREET ADDRESS	<b>1000 REMINGTON BLVD. MS 119</b>	
CITY-ST-ZIP	<b>BOLINGBROOK IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Assistant Secretary</b>
5.3 STREET ADDRESS	<b>James A. Dite</b>
5.4 CITY-ST-ZIP	<b>1000 Remington Blvd, MS119</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>500002538365</b>
6.3 STREET ADDRESS	<b>-05/28/98--01017--039</b>
6.4 CITY-ST-ZIP	<b>***150.00</b>

14. 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 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 to an address.

SIGNATURE *James A. Dite* Assistant Secretary 4/30/98 630/378-5902

CP2E034 (10/97)