

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40744

1. Entity Name

TELLABS OPERATIONS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90956 028 ***150.00

Principal Place of Business

1000 REMINGTON BLVD MS 119
 BOLINGBROOK IL 60440
 US

Mailing Address

1000 REMINGTON BLVD MS 119
 BOLINGBROOK IL 60440-4955
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2620088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **JACKMAN, BRAIN J**
 STREET ADDRESS **4951 INDIAN AVE**
 CITY-ST-ZIP **LISLE IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **COONEY, CHARLES C.**
 STREET ADDRESS **4951 INDIANA AVE**
 CITY-ST-ZIP **LISLE IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTS** ☐ Delete
 NAME **GUGLIELMI, PETER A.**
 STREET ADDRESS **1000 REMINGTON BLVD MS 119**
 CITY-ST-ZIP **BOLINGBROOK IL 60440**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **JOHNSON, JAMES PETER**
 STREET ADDRESS **1000 REMINGTON BLVD MS 119**
 CITY-ST-ZIP **BOLINGBROOK IL 60440**

TITLE ☐ Change ☒ Addition
 NAME **VP, General Counsel & Sec**
 STREET ADDRESS **Carol Coghlan Gavin**
 CITY-ST-ZIP **4951 Indiana Ave**
Lisle, IL 60532

TITLE **AS** ☐ Delete
 NAME **DITE, JAMES A.**
 STREET ADDRESS **1000 REMINGTON BLVD MS 119**
 CITY-ST-ZIP **BOLINGBROOK IL 60440**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Dite James A. Dite 4/26/00 318-6859 (630)

CR2E034 (9/99)