

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40744

1. Entity Name
TELLABS OPERATIONS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90073 033 ***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
US

80044047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 74-2620088

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JACKMAN, BRIAN J
4951 INDIAN AVE
LISLE IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Briorn Jackman ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Joan Ryan
1000 Remington Blvd
Bolingbrook, IL 60440 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP Secretary
Carol Cochran Gavin
4951 Indiana Ave
Lisle, IL 60530 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP Controller ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Secretary
John Cannova
1000 Remington Blvd
Bolingbrook, IL 60440 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

James A. Dite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James A. Dite 4/05/01 378-6859

CR2E034 (10/00)