

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91590 015 ***150.00

DOCUMENT # P40744

1. Entity 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

1415 West Diehl Road # 119

Suite, Apt. #, etc.

City & State

Naperville IL

Zip

60563

Country

3. Mailing Address

1415 West Diehl Road # 119

Suite, Apt. #, etc.

City & State

Naperville IL

Zip

60563

Country



DO NOT WRITE IN THIS SPACE

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACKMAN, BRIAN	
STREET ADDRESS	4951 INDIAN AVE	
CITY-ST-ZIP	LISLE IL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COONEY, CHARLES C.	
STREET ADDRESS	4951 INDIANA AVE	
CITY-ST-ZIP	LISLE IL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RYAN, JOAN	
STREET ADDRESS	1000 REMINGTON BLVD MS 119	
CITY-ST-ZIP	BOLINGBROOK IL 60440	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	COCHLAN-GAVIN, CAROL	
STREET ADDRESS	4951 INDIANA AVENUE	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	DITE, JAMES A.	
STREET ADDRESS	1000 REMINGTON BLVD MS 119	
CITY-ST-ZIP	BOLINGBROOK IL 60440	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CANNOVA, JOHN	
STREET ADDRESS	1000 REMINGTON BLVD	
CITY-ST-ZIP	BOLINGBROOK IL 60440	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard C. Notebaert	
STREET ADDRESS	1415 W. Diehl Rd.	
CITY-ST-ZIP	Naperville IL 60563	
TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. Kohler	
STREET ADDRESS	1415 W. Diehl Road	
CITY-ST-ZIP	Naperville IL 60563	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1415 W. Diehl Road	
CITY-ST-ZIP	Naperville IL 60563	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan R. Lichtenstein	
STREET ADDRESS	1415 W. Diehl Road	
CITY-ST-ZIP	Naperville IL 60563	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1415 W. Diehl Road	
CITY-ST-ZIP	Naperville IL 60563	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1415 W. Diehl Road	
CITY-ST-ZIP	Naperville IL 60563	

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 REQUIRED~~ JOHN P. CANNOVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)