


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

**FILED**  
**Apr 21 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 # F97000003058 (1)**  
 1. Corporation Name  
**ALCATEL ITS, INC.**



Principal Place of Business <b>12030 SUNRISE VALLEY DRIVE RESTON VA 20191</b>	Mailing Address <b>12030 SUNRISE VALLEY DRIVE RESTON VA 20191</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified  
**06/12/1997**

4. FEI Number  
**54-1417605**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	PT	<input type="checkbox"/> DELETE
NAME	<b>FYDA, PATRICE</b>	
STREET ADDRESS	<b>% 122 AVE DU GENERAL LECLERC 92100</b>	
CITY-ST-ZIP	<b>BOULOGNE-BILLANCOURT FRANCE</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HINTON, KATHRYN</b>	
STREET ADDRESS	<b>12030 SUNRISE VALLEY DRIVE</b>	
CITY-ST-ZIP	<b>RESTON VA 20191</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>TERRELL, JAMES</b>	
STREET ADDRESS	<b>% 33 RUE EMERIAU 75015</b>	
CITY-ST-ZIP	<b>PARIS FRANCE</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>PORNET, JEAN-MARC</b>	
STREET ADDRESS	<b>% 122 AVE DU GENERAL LECLERC 92100</b>	
CITY-ST-ZIP	<b>BOULOGNE-BILLANCOURT FRANCE</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary</b>
3.3 STREET ADDRESS	<b>Dennis Kraft</b>
3.4 CITY-ST-ZIP	<b>1225 North Alma Road</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Richardson TX 75081</b>
4.3 STREET ADDRESS	<b>Cesar Garijo (Director)</b>
4.4 CITY-ST-ZIP	<b>(same as to the left)</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 with an address.

SIGNATURE: *Kathryn Hinton* **KATHRYN HINTON** 4/14/98 703-715-3084

CR2E034 (10/97)