

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90148 005 ***150.00

DOCUMENT # F97000003058

1. Entity Name

ALCATEL ITS, INC.

Principal Place of Business
12030 SUNRISE VALLEY DRIVE
RESTON VA 20191

Mailing Address
12030 SUNRISE VALLEY DRIVE
RESTON VA 20191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1417605**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PT	<input type="checkbox"/> Delete
NAME	FYDA, PATRICE	
STREET ADDRESS	30 AVE KLEBER 75016	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHACONAS, CHRISTOPHER E	
STREET ADDRESS	12030 SUNRISE VALLY DRIVE	
CITY-ST-ZIP	RESTON VA 80191	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, CHRIS	
STREET ADDRESS	54 RUE DE LA BOGTIE	
CITY-ST-ZIP	PARIS FC	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUNT, GEORGE	
STREET ADDRESS	1000 COIT ROAD 1000 Coit Road	
CITY-ST-ZIP	PLANO TX 75075	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael P. Quigley	
STREET ADDRESS	1000 Coit Road	
CITY-ST-ZIP	Plano TX 75075	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederic Mensch	
STREET ADDRESS	12030 Sunrise Valley Drive	
CITY-ST-ZIP	Reston VA 20191	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy H. Greer	
STREET ADDRESS	1000 Coit Road	
CITY-ST-ZIP	Plano TX 75075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Frederic Mensch **703-715-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05/01/01

CR2E034 (10/00)