

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90133 015 ***550.00

DOCUMENT # F00000005208

1. Entity Name

RIVERSTONE NETWORKS, INC.

Principal Place of Business

**35 INDUSTRIAL WAY
 ROCHESTER NH 03867**

Mailing Address

**35 INDUSTRIAL WAY
 ROCHESTER NH 03867**

2. Principal Place of Business

5200 GREAT AMERICA PKWY

3. Mailing Address

5200 GREAT AMERICA PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA CLARA

City & State

SANTA CLARA

Zip

95054

Country

USA

Zip

95054

Country

USA

4. FEI Number

95-4596178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **PD PEREIRA, ROMULUS**
 STREET ADDRESS **35 INDUSTRIAL WAY**
 CITY-ST-ZIP **ROCHESTER NH 03867**

TITLE ☒ Delete
 NAME **T KIRKPATRICK, DAVID**
 STREET ADDRESS **35 INDUSTRIAL WAY**
 CITY-ST-ZIP **ROCHESTER NH 03867**

TITLE ☐ Delete
 NAME **SD JAEGER, ERIC**
 STREET ADDRESS **35 INDUSTRIAL WAY**
 CITY-ST-ZIP **ROCHESTER NH 03867**

TITLE ☒ Delete
 NAME **AS HARDING, DANIEL J**
 STREET ADDRESS **35 INDUSTRIAL WAY**
 CITY-ST-ZIP **ROCHESTER NH 03867**

TITLE ☐ Delete
 NAME **CD PATEL, PIYUSH**
 STREET ADDRESS **35 INDUSTRIAL WAY**
 CITY-ST-ZIP **ROCHESTER NH 03867**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 GREAT AMERICA PKWY**
 CITY-ST-ZIP **SANTA CLARA, CA 95054**

TITLE ☐ Change ☒ Addition
 NAME **V ROBERT STANTON**
 STREET ADDRESS **5200 GREAT AMERICA PKWY**
 CITY-ST-ZIP **SANTA CLARA, CA 95054**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5200 GREAT AMERICA PKWY**
 CITY-ST-ZIP **SANTA CLARA CA 95054**

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

TITLE ☒ Change ☐ Addition
 NAME **C**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D C. LEE COX**
 STREET ADDRESS **5200 GREAT AMERICA PKWY**
 CITY-ST-ZIP **SANTA CLARA CA 95054**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)