

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005249

Entity Name: DIALOGIC INC.

Current Principal Place of Business:

1504 MCCARTHY BLVD
MALPITAS, CA 95035

Current Mailing Address:

1504 MCCARTHY BLVD
MALPITAS, CA 95035

FEI Number: 94-3409691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name COOK, KEVIN
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title EVP, CFO, TREASURER
Name DENNERLEIN, BOB
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title EVP, SECRETARY, GC
Name HOUSEFATHER, ANTHONY
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title CHAIRMAN
Name JONES, PATRICK S
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title DIRECTOR
Name DEROMA, NICHOLAS
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title DIRECTOR
Name PIASENTIN, RICHARD
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title DIRECTOR
Name JOANNOU, DION
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

Title DIRECTOR
Name VIG, RAJNEESH
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY HOUSEFATHER

EVP AND SECRETARY

03/11/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEST, W. MICHAEL
Address 1504 MCCARTHY BLVD
City-State-Zip: MALPITAS CA 95035