

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821645 (9)
 1. Corporation Name
SCIENTIFIC ATLANTA, INC.



Principal Place of Business ONE TECHNOLOGY PARKWAY, SOUTH NORCROSS GA 30092-2067 US	Mailing Address CORPORATE TAX DEPARTMENT NORCROSS GA 30082 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/12/1968	3a. Date of Last Report 04/22/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 58-0612397	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	FL 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 _____
Signature of principal place of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JAMES F	1.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PKWY S.	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	1.4 CITY- ST- ZIP	
TITLE	SV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREYER, JOHN E.	2.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PARKWAY, SOUTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	2.4 CITY- ST- ZIP	
TITLE	SCPC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, HARVEY A	3.2 NAME	
STREET ADDRESS	2660 PEACHTREE ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	3.4 CITY- ST- ZIP	
TITLE	SV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, RAYMOND D.	4.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PARKWAY, SOUTH	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	4.4 CITY- ST- ZIP	
TITLE	SVPC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKER, H. ALLEN	5.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PARKWAY, SOUTH	5.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	5.4 CITY- ST- ZIP	
TITLE	VC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDSON, JULIAN W.	6.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PARKWAY, SOUTH	6.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	6.4 CITY- ST- ZIP	

14. I do 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:  **George A. Steiner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Assistant Vice President-Taxes** 3/14/97 770-903-4645
Date Daytime Phone

CR2E034 (9/96)