2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 821645

Entity Name: SCIENTIFIC ATLANTA, INC.

Current Principal Place of Business:

5030 SUGARLOAF PARKWAY
LAWRENCEVILLE, GA 300442869 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 465447
CORP. TAX DEPT.
LAWRENCEVILLE, GA 300425447 US

New Mailing Address:

FEI Number: 58-0612397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: MCDONALD, JAMES F
Address: 5030 SUGARLOAF PARKWAY
City-St-Zip: LAWRENCEVILLE, GA 300442869

Title: VP ( ) Delete
Name: BOYD, STEVEN D
Address: 5030 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 300442869

Title: AVP ( ) Delete
Name: CUBBAGE, ROBIN
Address: 5030 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 300442869

Title: VS ( ) Delete
Name: CHANDLER, MARK
Address: 5030 SUGARLOAF PARKWAY
City-St-Zip: LAWRENCEVILLE, GA 300442869

Title: VP ( ) Delete
Name: DICKSON, WARD
Address: 5030 SUGARLOAF PARKWAY
City-St-Zip: LAWRENCEVILLE, GA 300442869

Title: VCFO ( ) Delete
Name: CHADWICK, JONATHAN
Address: 5030 SUGARLOAF PKWY
City-St-Zip: LAWRENCEVILLE, GA 30044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN CUBBAGE AVP 04/29/2008

Electronic Signature of Signing Officer or Director Date