

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90135 027 ***150.00

0624074 AT

DOCUMENT # **821645**

1. Entity Name
SCIENTIFIC ATLANTA, INC.



Principal Place of Business
**5030 SUGARLOAF PARKWAY
LAWRENCEVILLE GA 30044-2869
US**

Mailing Address
**PO BOX 465447
CORP. TAX DEPT.
LAWRENCEVILLE GA 30042-5447
US**

FLORIDA



CHECK HERE IF MAKING CHANGES

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 58-0612397 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | PCEO | <input type="checkbox"/> Delete |
| NAME | MCDONALD, JAMES F | |
| STREET ADDRESS | 5030 SUGARLOAF PARKWAY | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30044-2869 | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | DUKE, DWIGHT B | |
| STREET ADDRESS | 5030 SUGARLOAF PARKWAY | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30044-2869 | |
| TITLE | SVPT | <input type="checkbox"/> Delete |
| NAME | HAISLIP, WALLACE | |
| STREET ADDRESS | 5030 SUGARLOAF PARKWAY | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30044-2869 | |
| TITLE | EVP | <input type="checkbox"/> Delete |
| NAME | ECKER, H. ALLEN | |
| STREET ADDRESS | 5030 SUGARLOAF PARKWAY | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30044-2869 | |
| TITLE | VPC | <input type="checkbox"/> Delete |
| NAME | EIDSON, JULIAN W. | |
| STREET ADDRESS | 5030 SUGARLOAF PARKWAY | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 30044-2869 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| 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 | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Vice President Tax-Trade 4/30/03 770-236-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP2E034 (10/02)