

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90163 001 ***150.00

DOCUMENT # 823638

1. Corporation Name

PARADYNE CORPORATION



Principal Place of Business

8545-126TH AVE N
PO BOX 2826 C/O TAX DEPT
LARGO FL 33779-826
US

Mailing Address

8545-126TH AVE N
PO BOX 2826 C/O TAX DEPT
LARGO FL 33779-826
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1969

4. FEI Number

52-0891723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 8545 - 126th Ave. N.,

Suite, Apt. #, etc.

22 c/o Tax Dept.

City & State

23 Largo, Florida

Zip

24 33773

Country

25 USA

2a. Mailing Address

26 8545 - 126th Ave. N.

Suite, Apt. #, etc.

27 c/o Tax Dept.

City & State

28 Largo, Florida

Zip

29 33773

Country

30 USA

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, typed or printed name of registered agent as to title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME MAY, ANDREW S

STREET ADDRESS 4304 ROBIN LN

CITY-ST-ZIP TAMPA FL 33609

TITLE VS ☐ DELETE

NAME SLATTERY, JAMES L.

STREET ADDRESS 2065 HUNTERS GLEN DR 403

CITY-ST-ZIP DUNEDIN FL 34693

TITLE VTC ☐ DELETE

NAME MURPHY, PATRICK M

STREET ADDRESS 3202 W KNIGHTS AVE

CITY-ST-ZIP TAMPA FL

TITLE BC ☐ DELETE

NAME EPLEY, THOMAS E

STREET ADDRESS 8001 BARDMOOR PL

CITY-ST-ZIP LARGO FL

TITLE SVP ☒ DELETE

NAME HECHT, HOWARD A

STREET ADDRESS 102 LIVE OAK LN

CITY-ST-ZIP HARBOR BLUFFS FL 33770

TITLE D ☐ DELETE

NAME STANTON, DAVID M

STREET ADDRESS 1035 FRANCISCO ST

CITY-ST-ZIP SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Slattery, James L.

2.3 STREET ADDRESS P. O. Box 2827

2.4 CITY-ST-ZIP Dunedin, FL 34697

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Murphy, Patrick M.

3.3 STREET ADDRESS 4506 W. Dale Ave.

3.4 CITY-ST-ZIP Tampa, FL 33609

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Epley, Thomas E.

4.3 STREET ADDRESS 414 14th Street

4.4 CITY-ST-ZIP Santa Monica, CA 90402

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Controller
Barry H. Black

5.3 STREET ADDRESS 3083 Braeloch Circle E.

5.4 CITY-ST-ZIP Clearwater, FL 33761

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(727) 530-2977

Date

Daytime Phone #

CR2E034 (11/98)