

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000021

1. Entity Name

ALCATEL SUBMARINE NETWORKS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 016 ***150.00

Principal Place of Business 15540 NORTH LOMBARD STREET PORTLAND OR 97203	Mailing Address 15540 NORTH LOMBARD STREET PORTLAND OR 97203
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DO NOT WRITE IN THIS SPACE

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 93-0996158	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, ROBERT J 15540 NORTH LOMBARD STREET PORTLAND OR 97203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Nilsson, Richard C. 15540 North Lombard St. Portland, OR 97203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHERRY, ROBERT J 15540 NORTH LOMBARD STREET PORTLAND OR 97203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Sherry Date: 2/7/00 Daytime Phone #: (503) 240-4103

CR2E034 (9/99)