

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90004 042 ***550.00

0136564 AT

DOCUMENT # F00000001954
 1. Entity Name
AIRSPAN NETWORKS INC.

Principal Place of Business Mailing Address
~~777 - 108TH AVE. N.E., SUITE 1895~~ ~~777 - 108TH AVE. N.E., SUITE 1895~~
~~BELLEVUE WA 98004~~ ~~BELLEVUE WA 98004~~



2. Principal Place of Business 3. Mailing Address
13450 W. Sunrise Blvd. **13450 W. Sunrise Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
430 **430**

DO NOT WRITE IN THIS SPACE

City & State City & State
Sunrise, Florida **Sunrise, Florida**
 Zip Country Zip Country
33323 **U S A** **33323** **U S A**

4. FEI Number Applied For
75-2743995 Not Applicable
 5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	
TITLE	CD-D <input type="checkbox"/> Delete
NAME	HUSEBY, THOMAS S
STREET ADDRESS	777 - 108TH AVE. N.E., SUITE 1895
CITY-ST-ZIP	BELLEVUE WA 98004
TITLE	PCEO <input type="checkbox"/> Delete
NAME	STONESTROM, ERIC
STREET ADDRESS	777 - 108TH AVE. N.E., SUITE 1895
CITY-ST-ZIP	BELLEVUE WA 98004
TITLE	VST <input checked="" type="checkbox"/> Delete
NAME	CAFFARELLI, JOSEPH
STREET ADDRESS	777 - 108TH AVE. N.E., SUITE 1895
CITY-ST-ZIP	BELLEVUE WA 98004
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BAYLESS, JON
STREET ADDRESS	13455 NOEL ROAD, SUITE 1670
CITY-ST-ZIP	DALLAS TX 75240
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CARANO, BANDEL
STREET ADDRESS	525 UNIVERSITY AVE., SUITE 1300
CITY-ST-ZIP	PALO ALTO CA 94301
TITLE	D <input type="checkbox"/> Delete
NAME	CASH, H. BERRY
STREET ADDRESS	13455 NOEL ROAD, SUITE 1670
CITY-ST-ZIP	DALLAS TX 75240

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desch, Matthew
STREET ADDRESS	13450 W. Sunrise Blvd. #430
CITY-ST-ZIP	Sunrise, FL. 33323.
TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stonestrom, Eric
STREET ADDRESS	13450 W. Sunrise Blvd. #430
CITY-ST-ZIP	Sunrise, FL. 33323.
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heredia, Guillermo
STREET ADDRESS	Newton #54-4, Polanco
CITY-ST-ZIP	DF, Mexico 11560.
TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aronstam, Peter
STREET ADDRESS	13450 W. Sunrise Blvd.
CITY-ST-ZIP	Sunrise, FL. 33323.
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Twyver, David
STREET ADDRESS	P. O Box 2447
CITY-ST-ZIP	Friday Harbor, WA. 98250.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Peter Aronstam* **SIGNATURE REQUIRED Peter Aronstam** **7/10/01** **954-851-1680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)