

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003264

FILED
Mar 19, 2004
Secretary of State

Entity Name: HARMONIC INC.

Current Principal Place of Business:

549 BALTIC WAY
SUNNYVALLE, CA 94089

New Principal Place of Business:

Current Mailing Address:

549 BALTIC WAY
SUNNYVALLE, CA 94089

New Mailing Address:

FEI Number: 77-0201147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: PCD () Delete
Name: LEY, ANTHONY J
Address: 549 BALTIC WAY
City-St-Zip: SUNNYVALLE, CA 94089

Title: V () Delete
Name: DICKSON, ROBIN N
Address: 549 BALTIC WAY
City-St-Zip: SUNNYVALLE, CA 94089

Title: S () Delete
Name: SAPER, JEFFREY
Address: 650 PAGE MILL ROAD
City-St-Zip: PALO ALTO, CA 94304

Title: D () Delete
Name: JRAMMER, E FLOYD
Address: 549 BALTIC WAY
City-St-Zip: SUNNYVALE, CA 94089

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: D (X) Change () Addition
Name: KVAMMER, E FLOYD
Address: 549 BALTIC WAY
City-St-Zip: SUNNYVALE, CA 94089

I hereby certify that the information supplied with this filing does not qualify for the 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 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 N DICKSON

CFO

03/19/2004

Electronic Signature of Signing Officer or Director

Date