## 2002 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90948 043 \*\*\*150.00

	0004165	,		
1. Entity Name Lucent Technologie	s Fiber Gu	ardian the		
			84076000	
DO NOT WRITE	IN THIS SE	PACE		
		kana parembera Kitabean		
2. Principal Place of Business 600 Mountain Ave	3. Mailing Address 800 NORH	Point Prkus	d	
- Spite, Apt. #, etc. 3C-515	Room 83N350A		DO NOT WRITE IN THIS SPACE	
WURRAY HILL, NJ	Alphare	HaGA	52-2254201	Applied For Not Applicable
$3\frac{Zig}{1974}$ Country	30005	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Name	7. Name and Address of Current Register	ed Agent
DO NOT WI	RITE	Street Address	(P.O. Box Number is Not Acceptable)	<u>Co</u>
IN THIS SP	ACE :	1201	Hayes St.	
		SINTE	ahassee Fi	L 33301
8. The above named entity submits this statement for	the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida.	•
SIGNATURE Signature. Typed or priviled name of registered agent an	ANOTE:	÷ *	ed when revisibling) DATE	
This corporation is eligible to satisfy its Intangible	January 1 - Ma	Registered Agent signature requirery 1 Fee is \$150.00		
Tax filing requirement and elects to do so. (See criteria on back)	Amended	I, Fee is \$550.00 UBR is \$61.25 e to Department of St	Trust Fund Contribution.	S - \$5.00 May Be Added to Fees
11. 2 OFFICERS AND C				
NAME Don PadillA	14.0	TITLE 3 NAME		
STREET ADDRESS 600 mountain CITY-ST-ZIP Murray Hill	NJ 07974	STREET ADDRESS : CITY - ST - ZIP		
NAME FISA FIGUERO		TITLE		
STREET ADDRESS 2400 5W 145 AU CITY-ST-ZIP MIRAMAR, FL 3	e 3027	STREET ADDRESS CITY - ST - ZIP		
TITLE VP/5		STITLE		
STREET ADDRESS 1 COO MOUNTAIN	400	NAME STREET ADDRESS	DO NOT WR	rex 4
CITY-ST-ZIP MUrray Hill, A	1507974	CITY:ST: ZIP	Section 1997 Secti	
		TITLE .	IN THIC COA	
NAME Greg Ranieri	Ave 1	TITLE NAME STREET ADDRESS	IN THIS SPA	CE
NAME STREET ADDRESS CITY-ST-ZIP MUTTALY HILL, N	Ave 5 07974	NAME STREET ADDRESS CITY - ST - ZIP	IN THIS SPA	CE .
TITLE NAME  STREET ADDRESS 600 Mountain CITY-ST-ZIP  TITLE NAME  VP/T  VP/T  NAME  VP/T  V	J 07974	NAME. STREET ADDRESS CITY: ST. ZIP TITLE. NAME.	IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	//	NAME: STREET ADDRESS CHY'ST: 2IP	IN THIS SPA	<b>GE</b>
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TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE AS NAME STREET ADDRESS	JO7974  NAVE JO7974  Let to Kun A 30005  This filling does not qualify for true and accurate and that my	NAME STREET ADDRESS CTY'ST: 2IP TITLE NAME STREET ADDRESS CTY'ST: 2IP TITLE NAME STREET ADDRESS CTY'ST: 2IP TITLE NAME STREET ADDRESS CTY'ST: 2IP the exemption stated in Sy signature shall have the	ection 119.07(3)(i), Florida Statutes. I further co	enify that the information am an officer or director