
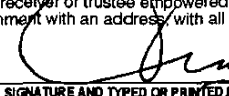


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90155 029 \*\*\*150.00

<b>DOCUMENT # F00000004611</b> 1. Entity Name <b>STRATEX NETWORKS, INC.</b>					
Principal Place of Business <b>120 ROSE ORCHARD WAY SAN JOSE, CA 95134</b>			Mailing Address <b>120 ROSE ORCHARD WAY SAN JOSE, CA 95134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		04202006 Chg-P		CR2E034 (11/05)	
4. FEI Number <b>77-0016028</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMSEN, CARL A</b>		NAME		
STREET ADDRESS	<b>120 ROSE ORCHARD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN JOSE, CA 95134</b>		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOUDEY, CAROL A</b>		NAME		
STREET ADDRESS	<b>120 ROSE ORCHARD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN JOSE, CA 95134</b>		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRANDT, JOHN C</b>		NAME		
STREET ADDRESS	<b>120 ROSE ORCHARD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN JOSE, CA 95134</b>		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KISSNER, CHARLES D</b>		NAME		
STREET ADDRESS	<b>120 ROSE ORCHARD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN JOSE, CA 95134</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALBERDING, RICHARD C</b>		NAME		
STREET ADDRESS	<b>120 ROSE ORCHARD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN JOSE, CA 95134</b>		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COMBS, JOHN W</b>		NAME		
STREET ADDRESS	<b>120 ROSE ORCHARD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAN JOSE, CA 95134</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			<b>Carol A. Goudey</b> Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>4/20/06</b> Daytime Phone #: <b>(408) 944-1830</b>		



ATTACHMENT

40064896

#F00000004611

**Officers and Directors**

	<b>Title</b>	<b>Address</b>
<b>Officers</b>		
Charles D. Kissner	C/D	120 Rose Orchard Way, San Jose, CA 95134
Carl A. Thomsen	V/S	120 Rose Orchard Way, San Jose, CA 95134
John C. Brandt	V	120 Rose Orchard Way, San Jose, CA 95134
Paul A. Kennard	V	120 Rose Orchard Way, San Jose, CA 95134
Larry M. Brittain	V	120 Rose Orchard Way, San Jose, CA 95134
Shaun McFall	V	120 Rose Orchard Way, San Jose, CA 95134
John P. O'Neil	V	120 Rose Orchard Way, San Jose, CA 95134
Louis Salinas	V	120 Rose Orchard Way, San Jose, CA 95134
Heinz Stumpe	V	120 Rose Orchard Way, San Jose, CA 95134
Carol A. Goudey	T	120 Rose Orchard Way, San Jose, CA 95134
Juan B. Otero	LC	120 Rose Orchard Way, San Jose, CA 95134
<b>Directors</b>		
Charles D. Kissner	C/D	120 Rose Orchard Way, San Jose, CA 95134
Richard C. Alberding	D	120 Rose Orchard Way, San Jose, CA 95134
William A Hasler	D	120 Rose Orchard Way, San Jose, CA 95134
Clifford H. Higginson	D	120 Rose Orchard Way, San Jose, CA 95134
James D. Meindl, PhD	D	120 Rose Orchard Way, San Jose, CA 95134
V. Frank Mendicino	D	120 Rose Orchard Way, San Jose, CA 95134
Edward F. Thompson	D	120 Rose Orchard Way, San Jose, CA 95134
Thomas H. Waechter	D	120 Rose Orchard Way, San Jose, CA 95134