

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

DOCUMENT # F00000005440

1. Entity Name
IXIA, INC.

(LA)

07-25-2001 90003 027 ***550.00

Principal Place of Business
**26601 W. AGOURA RD
 CALABASAS CA 91302**

Mailing Address
**26601 W. AGOURA RD
 CALABASAS CA 91302**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **95-4635982** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NOBLE, JOE
 6401 WASHINGTON ROAD
 WEST PALM BEACH FL 33405**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	P <input type="checkbox"/> Delete
NAME	GINSBERG, ERROL
STREET ADDRESS	3635 SERRA ROAD
CITY-ST-ZIP	MALIBU CA 90265
TITLE	C <input type="checkbox"/> Delete
NAME	ASSCHER, JEAN-CLAUDE
STREET ADDRESS	5, RUE CARLE VERNET, SEVRES CEDEX 92315
CITY-ST-ZIP	FRANCE
TITLE	D <input type="checkbox"/> Delete
NAME	RAGER, JON
STREET ADDRESS	1411 W. 190TH ST., #500
CITY-ST-ZIP	GARDENA CA 90248
TITLE	D <input type="checkbox"/> Delete
NAME	ORINGER, HOWARD
STREET ADDRESS	600 MONTGOMERY ST., 45TH FLOOR
CITY-ST-ZIP	SAN FRANCISCO CA 94111
TITLE	CFO <input type="checkbox"/> Delete
NAME	MILLER, TOM
STREET ADDRESS	4554 BLUEWOOD COURT
CITY-ST-ZIP	MOORPARK CA 93021
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	26601 W. AGOURA RD.
CITY-ST-ZIP	CALABASAS, CA 91302
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	26601 W. AGOURA RD
CITY-ST-ZIP	CALABASAS, CA 91302
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: SIGNATURE REQUIRED **7/13/01** **818-871-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #