

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006615

1. Entity Name

MCDATA CORPORATION

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90443 002 \*\*\*150.00

Principal Place of Business

Mailing Address

310 INTERLOCKEN PARKWAY  
BROOMFIELD CO 80021

310 INTERLOCKEN PARKWAY  
BROOMFIELD CO 80021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1421844

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete  
NAME MCDONNELL, JOHN F  
STREET ADDRESS 310 INTERLOCKEN PARKWAY  
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE V ☐ Change ☒ Addition  
NAME Cooper, Janet K.  
STREET ADDRESS 310 Interlocken Pkwy  
CITY-ST-ZIP Broomfield, CO 80021

TITLE V ☒ Delete  
NAME KLAYKO, MICHAEL A  
STREET ADDRESS 310 INTERLOCKEN PARKWAY  
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE V ☐ Change ☒ Addition  
NAME Michael B. Gustafson  
STREET ADDRESS 310 Interlocken Pkwy  
CITY-ST-ZIP Broomfield, CO 80021

TITLE V ☒ Delete  
NAME PERRY, DEE J  
STREET ADDRESS 310 INTERLOCKEN PARKWAY  
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE V ☐ Change ☒ Addition  
NAME Thomas O. McGimpsey  
STREET ADDRESS 310 Interlocken Pkwy  
CITY-ST-ZIP Broomfield, CO 80021

TITLE V ☒ Delete  
NAME WENNINGER, DONALD P  
STREET ADDRESS 310 INTERLOCKEN PARKWAY  
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME WEISHAAR, DAVID M  
STREET ADDRESS 310 INTERLOCKEN PARKWAY  
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME KUENZEL, JAMES O  
STREET ADDRESS 310 INTERLOCKEN PARKWAY  
CITY-ST-ZIP BROOMFIELD CO 80021

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas O. McGimpsey

Date

Daytime Phone #

2/20/01 303.460.4348

CR2E034 (10/00)