

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90205 003 ***150.00

0613363 AT

DOCUMENT # F00000006615

1. Entity Name

MCDATA CORPORATION

Principal Place of Business

**310 INTERLOCKEN PARKWAY
 BROOMFIELD CO 80021**

Mailing Address

**310 INTERLOCKEN PARKWAY
 BROOMFIELD CO 80021**

2. Principal Place of Business

380 Interlocken Crescent

Suite, Apt. #, etc.

3. Mailing Address

380 Interlocken Crescent

Suite, Apt. #, etc.

City & State

Broomfield CO

Zip

80021

Country

USA

City & State

Broomfield CO

Zip

80021

Country

USA

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

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

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CP MCDONNELL, JOHN F 310 INTERLOCKEN PARKWAY BROOMFIELD CO 80021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO John A. Kelley 380 Interlocken Crescent Broomfield CO 80021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, JANET K 310 INTERLOCKEN PARKWAY BROOMFIELD CO 80021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 Interlocken Crescent Broomfield CO 80021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUSTAFSON, MICHAEL B 310 INTERLOCKEN PARKWAY BROOMFIELD CO 80021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 Interlocken Crescent Broomfield CO 80021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGIMPSEY, THOMAS O 310 INTERLOCKEN PARKWAY BROOMFIELD CO 80021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	380 Interlocken Crescent Broomfield CO 80021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEISHAAR, DAVID M 310 INTERLOCKEN PARKWAY BROOMFIELD CO 80021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUENZEL, JAMES O 310 INTERLOCKEN PARKWAY BROOMFIELD CO 80021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

303-460-9200

Daytime Phone #

CR2E034 (9/01)