

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007162

1. Entity Name

OPTISPHERE NETWORKS, INC.

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90113 031 \*\*\*150.00

Principal Place of Business

Mailing Address

900 BROKEN SOUND PARKWAY, NW  
BOCA RATON FL 33487

900 BROKEN SOUND PARKWAY, NW  
BOCA RATON FL 33487

000011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Siemens Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

186 Wood Avenue South

City & State

City & State

Iselin, NJ

4. FEI Number

65-1009778

Applied For

Not Applicable

Zip

Country

Zip

Country

08830

USA

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 PD ☐ Delete  
NAME SPIELVOGEL, JOST  
STREET ADDRESS 900 BROKEN SOUND PARKWAY, NW  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE D ☐ Delete  
NAME DIEHN, DIETRICH-ARNDT  
STREET ADDRESS 900 BROKEN SOUND PARKWAY, NW  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE V ☐ Delete  
NAME DAVIDSON, JOHN A  
STREET ADDRESS 900 BROKEN SOUND PARKWAY, NW  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE S ☐ Delete  
NAME HEITH, CORY D  
STREET ADDRESS 900 BROKEN SOUND PARKWAY, NW  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE AS ☐ Delete  
NAME ADAMS, JUNE M  
STREET ADDRESS 900 BROKEN SOUND PARKWAY, NW  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE AS ☐ Delete  
NAME POMPETZKI, GEORGE  
STREET ADDRESS 186 WOOD AVENUE SOUTH  
CITY-ST-ZIP ISELIN NJ 08830

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:

*George Pompetzki*

George Pompetzki

3/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)