


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90302 043 \*\*\*150.00

<b>DOCUMENT # F01000002082</b> 1. Entity Name NORTEL NETWORKS HPOCS INC.					
Principal Place of Business 4001 E. CHAPEL HILL NELSON HWY RESEACH TRIANGLE PARK, NC 27709			Mailing Address 18006 SKYPARK CIRCLE, #106 IRVINE, CA 92614		
2. Principal Place of Business <b>4001 E. Chapel Hill Nelson</b>		3. Mailing Address Suite, Apt. #, etc. <b>Hwy.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Research Triangle Park, NC</b>		City & State		4. FEI Number <b>62-1843546</b>	
Zip <b>27709</b>		Country <b>USA</b>		Zip Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
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 <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, MARY M 4001 E. CHAPEL HILL NELSON HWY RESEARCH TRIANGLE PARK, NC 27709		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREBS, LAURIE A 4001 E. CHAPEL HILL NELSON HWY DURHAM, NC 27709 <b>RTP, NC. 27709</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EGAN, LYNN C 220 ATHENS WAY NASHVILLE, TN 372281397		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREBS, LAURIE A 4001 E. CHAPEL HILL NELSON HWY RESEARCH TRIANGLE PARK, NC 27709		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOONEY, ROBERT J 220 ATHENS WAY NASHVILLE, TN 372281397		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Laurie A. Krebs VP Tax</u> <b>4/25/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

FOI00002082

H0068558

**Nortel Networks HPOCS, Inc.**

**FEIN: 62-1843546**

**List of Officers and Directors  
as of December 31, 2004**

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**Current Directors**

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Cross, Mary McGehee	4001 E. Chapel Hill - Nelson Hwy RTP, NC 27709
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**Current Officers**

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<b>Name</b>	<b>Address</b>
Krebs, Laurie Ann Vice-President, Tax	4001 E. Chapel Hill - Nelson Highway Research Triangle Park, North Carolina 27709-3010
Egan, Lynn C. Secretary	220 Athens Way Nashville, Tennessee 37228-1397
Looney, Robert J. Assistant Secretary	220 Athens Way Nashville, Tennessee 37228-1397