

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90193 021 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # F01000002082 1. Entity Name NORTEL NETWORKS HPOCS INC.					
Principal Place of Business 4001 E. CHAPEL HILL NELSON HWY RESEARCH TRIANGLE PARK, NC 27709			Mailing Address 18006 SKYPARK CIRCLE, #106 IRVINE, CA 92614		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4001 E. Chapel Hill Nelson Hwy. Suite, Apt. #, etc. MS 570/02/008			
City & State		City & State RTP, NC		4. FEI Number 62-1843546	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 27709		Country US		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D Kimberly P. Poe 2370 Performance DR Richardson, TX 75082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREBS, LAURIE A 4001 E. CHAPEL HILL NELSON HWY RTP, NC 27709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen E. Sledge 2221 Lakeside BLVD Richardson, TX 75082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XS EGAN, LYNN C 220 ATHENS WAY NASHVILLE, TN 372281397		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KREBS, LAURIE A 4001 E. CHAPEL HILL NELSON HWY RESEARCH TRIANGLE PARK, NC 27709		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOONEY, ROBERT J 220 ATHENS WAY NASHVILLE, TN 372281397		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Laurie A. Krebs</u> / Laurie A. Krebs			4/20/06 919-992-5000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		