

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91888 036 ***150.00

DOCUMENT # F01000002082

1. Entity Name

NORTEL NETWORKS HPOCS, INC.



DO NOT WRITE IN THIS SPACE

11040465

2. Principal Place of Business

4006 E. Chapel Hill Nelson

Suite, Apt. #, etc.

Hwy

3. Mailing Address

18006 Skypark Circle #106

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Research Triangle Park, NC

City & State

Irvine, CA

4. FEI Number

62-1843546

Applied For

Not Applicable

Zip

27709

Country

U.S.A.

Zip

92614

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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: (a) regular voter, and accept the obligations of registered agent.

SIGNATURE

[Signature] *VP Tax* *4/30/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

Director:
Mary M. Cross
4006 E. Chapel Hill Nelson Hwy
Research Triangle Park, NC 27709

President:
Patrick L. Walsh
185 Corkstown Road
Nepean, Ontario K2H 8V4

Vice President:
Laurie A. Krebs
4006 E. Chapel Hill Nelson Hwy
Research Triangle Park, NC 27709

Vice President:
Barbara R. Callaghan
3500 Carling Avenue
Nepean, Ontario K2H 8E9

Assistant Secretary:
Lynn C. Egan
200 Athens Way
Nashville, TN 37228-1397

Assistant Secretary:
Robert J. Looney
200 Athens Way
Nashville, TN 37228-1397

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an amendment with an address, with all other like empowered.

SIGNATURE:

Laurie A. Krebs *VP Tax* *4/30/03*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Phone #