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PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
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ACCOUNT NO. : 07210000032

REFERENCE : 843579 5123555

AUTHORIZATION : Smelle le man

COST LIMIT :

ORDER DATE: December 30, 2008

ORDER TIME : 9:13 AM

ORDER NO. : 843579-006

CUSTOMER NO: 5123555

## CHANGE OF AGENT

NAME: SONUS NETWORKS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: MATTHEW YOUNG EXT 2962

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitte	ections 607.0502, 617. d for a corporation or registered office or reg	ganized under	the laws of the State	of Delaware	is ———
1. The name of t	he corporation:	SONUS NETWORKS	S, INC.			
1. The name of the corporation: SONUS NETWORKS, INC.  2. The principal office address: 7 Technology Park Drive, Westford, MA 01886-3141						
3. The mailing a	ddress (if differ	rent):				
4. Date of incorp	oration/qualific	cation: 01/17/2002	Docu	ment number: F020	000000285	
5. The name and		of the current registere				
	C T Corporation	on System				
	1200 South Pin	e Island Road			SI SI	ວດດ
	Plantation, FL	33324			CRET	五二
6. The name and (if changed):	street address	of the new registered a	gent (if change	ed) and /or registered		<u>م</u> ا
	Corporation Se	ervice Company			ELOR —— STAI	PR III
	1201 Hays Stre	et			<u>o</u> m	00
		(P.O. Box NOT accept	table)			
	Tallahassee, Fl	2 32301				
The street addre	ss of its registe be identical.	ered office and the str	eet address of	the business office	of its registere	ed agent,
Such change wa authorized by th	s authorized be board, or the	y resolution duly ado corporation has been	pted by its boan notified in w	ord of directors or by riting of the change	y an officer so	<b>)</b>
Mauros (Signatu	fe of an officer or d	irector)	Maureen	Cullen, Attorney in fa		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointme o comply with d I am familian ng filed merely been notified	nt as registered agent the provisions of all s with and accept the to reflect a change it in writing of this chai	statutes relativ obligation of r n the registere	act in this capacity, ee to the proper and ny position as regis d office address, I h	complete per tered agent. ( tereby confirm	formance Or, if this 1 that the
By	Service Compa	Hams C.	01/07/09	ı		
Michelle R. Vai If signing on be	mature of Registered nnoy, Assistant half of an entit	VP C		(Date)		
T)	yped or Printed Nar	ne)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*