

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F88563** (4)

1. Corporation Name
SCIENTIFIC-ATLANTA PRIVATE NETWORKS, INC.



Principal Place of Business 420 N WACKHAM ROAD CORP. TAX DEPT., 1 TECHNOLOGY PKWY S MELBOURNE FL 32935 US	Mailing Address C/O SCIENTIFIC-ATLANTA, INC CORP. TAX DEPT., 1 TECHNOLOGY PKWY S NORCROSS GA 30092 US
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3. Date Incorporated or Qualified 06/25/1982	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2202543	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

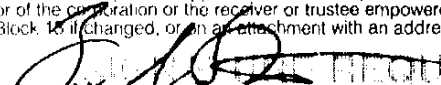
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER GEORGE A	1.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PARKWAY SO	1.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	1.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER CHRISTOPHER A	2.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PKWY S	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	2.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDSON, JULIAN W.	3.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PKWY S	3.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	3.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASON JR WILLIAM E	4.2 NAME	
STREET ADDRESS	ONE TECHNOLOGY PARKWAY SO	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Anita S. Gifford
STREET ADDRESS		5.3 STREET ADDRESS	One Technology Parkway, South
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Norcross, Georgia 30092-2967
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 included on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  George A. Steiner 3/14/97 770-903-4645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0512708

CR2E034 (9/96)