

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88563

1. Corporation Name

SCIENTIFIC-ATLANTA PRIVATE NETWORKS, INC.

Principal Place of Business

420 N WICKHAM 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 30092-2967
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1982

4. FEI Number

59-2202543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4356 Communications Drive

Suite, Apt. #, etc.

22 City & State

23 Norcross, Georgia-30092

Zip Country

24 30091-6850 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30091-6850 30 US

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPTD
NAME STEINER GEORGE A
STREET ADDRESS ONE TECHNOLOGY PARKWAY SO
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE PD
NAME EIDSON, JULIAN W.
STREET ADDRESS ONE TECHNOLOGY PKWY S
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE D
NAME EASON JR WILLIAM E
STREET ADDRESS ONE TECHNOLOGY PARKWAY SO
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE S
NAME GIFFORD, ANITA S
STREET ADDRESS ONE TECHNOLOGY PARKWAY SOUTH
CITY-ST-ZIP NORCROSS GA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

4/1/99
Daytime Phone #

CR2E034 (1/98)

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90005 014 ***150.00

