

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90154 007 \*\*\*150.00

**DOCUMENT # F88563**

1. Entity Name  
**SCIENTIFIC-ATLANTA PRIVATE NETWORKS, INC.**

Principal Place of Business

4356 COMMUNICATIONS DR.  
NORCROSS GA 30091-6850  
US

Mailing Address

4356 COMMUNICATIONS DR.  
NORCROSS GA 30091-6850  
US

2. Principal Place of Business

5030 Sugarloaf Parkway

3. Mailing Address

P.O. Box 465447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Corp. Tax Dept.

City & State

Lawrenceville, GA

City & State

Lawrenceville, GA

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

30044-2869

Country

US

Zip

30042-5447

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VPTD** ☒ Change ☐ Addition  
NAME **Steiner, George A.**  
STREET ADDRESS **5030 Sugarloaf Parkway**  
CITY-ST-ZIP **Lawrenceville, GA 30044-2869**

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **Eison, Julian W.**  
STREET ADDRESS **5030 Sugarloaf Parkway**  
CITY-ST-ZIP **Lawrenceville, GA 30044-2869**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **Eason Jr., William E.**  
STREET ADDRESS **5030 Sugarloaf Parkway**  
CITY-ST-ZIP **Lawrenceville, GA 30044-2869**

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

TITLE **S** ☐ Change ☒ Addition  
NAME **Tyler, Beth H.**  
STREET ADDRESS **5030 Sugarloaf Parkway**  
CITY-ST-ZIP **Lawrenceville, GA 30044-2869**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vice President/Treasurer 4/27/01 770-236-4645**

Date

Daytime Phone #

CR2E034 (10/00)