

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90012 042 ***150.00

DOCUMENT # F88563

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

Principal Place of Business
5030 SUGARLOAF PKWY
LAWRENCEVILLE GA 30044-2869
US

Mailing Address
PO BOX 465447
CORP. TAX DEPT.
LAWRENCEVILLE GA 30042-5447
US



DO NOT WRITE IN THIS SPACE

59-2202543

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	STEINER GEORGE A	
STREET ADDRESS	5030 SUGARLOAF PKWY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044-2869	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EIDSON, JULIAN W	
STREET ADDRESS	5030 SUGARLOAF PKWY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044-2869	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASON JR WILLIAM E	
STREET ADDRESS	5030 SUGARLOAF PKWY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044-2869	
TITLE	*S	<input checked="" type="checkbox"/> Delete
NAME	TYLER, BETH H	
STREET ADDRESS	5030 SUGARLOAF PKWY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044-2869	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	*S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woo, Angela M.	
STREET ADDRESS	5030 Sugarloaf Pkwy	
CITY-ST-ZIP	Lawrenceville, GA 30044-2869	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President/Treasurer 4/25/20002

770-236-4731

Date

Daytime Phone #

CR2E034 (9/01)