

2005 FOR PROFIT CORPORATION ANNUAL REPORT


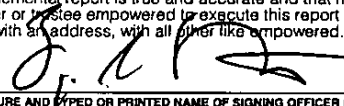
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 039 ***150.00

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04132005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2202543	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINER GEORGE A		NAME		
STREET ADDRESS	5030 SUGARLOAF PKWY		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, GA 300442869		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, STEVEN D		NAME		
STREET ADDRESS	5030 SUGARLOAF PKWY		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, GA 300442869		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEYSEY, MICHAEL C		NAME		
STREET ADDRESS	5030 SUGARLOAF PKWY		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, GA 300442869		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIFFORD, ANITA S		NAME	Secretary	
STREET ADDRESS	5030 SUGARLOAF PKWY		STREET ADDRESS	Angela M. Woo	
CITY-ST-ZIP	LAWRENCEVILLE, GA 300442869		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		VP/Treasurer		4/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR George A. Steiner		Date		Daytime Phone # 710-236-4880	