

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 # F93000003743

1. Corporation Name  
ANTEC CORPORATION OF ILLINOIS

Principal Place of Business  
2850 WEST GOLF ROAD  
ROLLING MEADOWS IL 60008

Mailing Address  
2850 WEST GOLF ROAD  
ROLLING MEADOWS IL 60008

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90058 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11450 Technology Circle  
Suite, Apt. #, etc.

2a. Mailing Address

26 11450 Technology Circle  
Suite, Apt. #, etc.

City & State

23 Duluth, Georgia  
Zip Country

24 30097 25 USA

City & State

28 Duluth, Georgia  
Zip Country

29 30097 30 USA

3. Date Incorporated or Qualified

08/17/1993

4. FEI Number

36-3892082

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 P ☐ DELETE

NAME STANZIONE, ROBERT J  
STREET ADDRESS 5720 PEACHTREE PKWY  
CITY-ST-ZIP NORCROSS GA 60008

TITLE T ☒ DELETE

NAME TALCOTT, RANDALL L  
STREET ADDRESS 2850 W. GOLF ROAD  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE VS ☐ DELETE

NAME MARGOLIS, LAWRENCE A  
STREET ADDRESS 2850 W. GOLF ROAD  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE D ☐ DELETE

NAME EGAN, JOHN M  
STREET ADDRESS 2850 W. GOLF ROAD  
CITY-ST-ZIP ROLLING MEADOWS IL

TITLE D ☐ DELETE

NAME FAUST, JAMES L  
STREET ADDRESS 2850 W. GOLF ROAD  
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE D ☐ DELETE

NAME DAMMEYER, ROD F  
STREET ADDRESS 2 N RIVERSIDE PALZA, 19TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 11450 Technology Circle  
1.4 CITY-ST-ZIP Duluth, Georgia 30097

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Treasurer  
2.3 STREET ADDRESS Michael Graziano  
2.4 CITY-ST-ZIP 11450 Technology Circle  
Duluth, Georgia 30097

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Executive V.P.  
3.3 STREET ADDRESS 11450 Technology Circle  
3.4 CITY-ST-ZIP Duluth, Georgia 30097

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 11450 Technology Circle  
4.4 CITY-ST-ZIP Duluth, Georgia 30097

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 11450 Technology Circle  
5.4 CITY-ST-ZIP Duluth, Georgia 30097

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 11450 Technology Circle  
6.4 CITY-ST-ZIP Duluth, Georgia 30097

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:

*AS REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, '99 (770) 441-0007  
Date Daytime Phone #

CR2E034 (1/1/98)