

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003743

1. Entity Name

ANTEC CORPORATION OF ILLINOIS

Principal Place of Business

Mailing Address

11450 TECHNOLOGY CIRCLE
DULUTH GA 30097

11450 TECHNOLOGY CIRCLE
DULUTH GA 30097

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

36-3892082

Applied For

Not Applicable

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

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

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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

BRIAN COURTNEY, ASST. V.P.

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 **P** ☐ Delete
NAME **STANZIONE, ROBERT J**
STREET ADDRESS **11450 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **DULUTH GA 30097**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Gregg McPhee**
STREET ADDRESS **11450 Technology Circle**
CITY-ST-ZIP **Duluth, GA 30097**

TITLE **T** ☐ Delete
NAME **GRAZIANO, MICHAEL**
STREET ADDRESS **11450 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **DULUTH GA 30097**

TITLE **600004008236** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☐ Delete
NAME **MARGOLIS, LAWRENCE**
STREET ADDRESS **11450 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **DULUTH GA 30097**

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

TITLE **D** ☐ Delete
NAME **EGAN, JOHN M**
STREET ADDRESS **11450 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **DULUTH GA 30097**

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

TITLE **D** ☐ Delete
NAME **FAUST, JAMES L**
STREET ADDRESS **11450 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **DULUTH GA 30097**

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

TITLE **D** ☐ Delete
NAME **DAMMEYER, ROD F**
STREET ADDRESS **11450 TECHNOLOGY CIRCLE**
CITY-ST-ZIP **DULUTH GA 30097**

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

4/10/01

Date

Daytime Phone #

FILED

01 APR 13 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

10/2 0579141

CR2E034 (10/00)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 107134 7219739

AUTHORIZATION : *Patricia Pappas*

COST LIMIT : \$ 150.00

ORDER DATE : April 6, 2001

ORDER TIME : 9:43 AM

ORDER NO. : 107134-005

CUSTOMER NO: 7219739

CUSTOMER: Ms. Sandra Dover
Antec Corporation
11450 Technology Circle

Duluth, GA 30097

ANNUAL REPORT FILING

RUSH

NAME: ANTEC CORPORATION OF ILLINOIS

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext. 1130

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 13 AM 10:42
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING