05-10-1999 90188 011 ***150.00

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 # F9400001777

1. Corporation Name

NETWORK FOLIPMENT TECHNOLOGIES, INC.

HEIWON						
Principal Place of Business Mailing Address					(
6500 PASEO PADRE PKWY FREMONT CA 94555 US 6500 PASE PADRE PKWY FREMONT CA 94555 US		FREMONT CA 94555			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE
					03/11/1994	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					94-2904044	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22 27					6 Florian Compaign Financing	\$5.00 May Be
,				6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip	Zip Country Zip		Country		8. This corporation owes the current year In	ntạngible
24	25	29	0		Personal Property Tax.	Yes □No
<u></u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	1 Agent
				Name		
PRENTICE HALL CORPORATION SYSTEM, INC.			82	Street	Address (P.O. Box Number is Not Acceptable)	
1201 HAYS ST., #105 TALLAHASSEE FL 32301			83			
IALL	ANMODEE FL JEJUT		03			
			84	City	FI	
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: Re			tegistered Agen	t signature n	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12. TITLE	DP OFFICERS AND	DELETE	1,1 TITLE			
NAME	FRANCESCONI, JOSEPH J.		1.2 NAME		WOLF, HANS A. 6500 PASEO PADRE PAR	ארפונושו /
STREET ADDRESS	6500 PASEO PKWY		1,3 STREET	ADDRESS	6500 PASED PADRE PAR	ERWHY
CITY-ST-ZIP			1.4 CITY-ST	- 1	FREMONT, CA 99555	
TITLE	V	QELETE	2.1 TITLE		V/ASST. S	☐ Change Addition
NAME	DE GOLIA, JAMES B.				BARNEY, ROGER A. 6500 PASEO PADRE PA	IRLUMII.
STREET ADDRESS			2.3 STREET	ADDRESS	6500 PASEU PADRE FI	recorry.
CITY-ST-ZIP	111ZII/0111 O/1 0/1000		2.4 CITY-S	T-ZIP	FREMONT, CA 94555	
TITLE	D	☐ DELETE 3		Ì	D DIVINI P	Change Addition
NAME	GILL, WALTER J	· -		İ	DOLL DIXON R. 6500 PASEO PADRE PA	ARKWAY
STREET ADDRESS	5500 PASEO PADRE PKWY		3.3 3 INCE (ADDINESS = T		FREMONT, CA 94555	,
CITY-ST-ZIP	FREMONT CA 94555		3.4. CITY-S	T- ZIP	D	Change Addition
TITLE	D	↑ DETE15	4.1 TITLE		SCALISE, SEORGE M.	_ Gridings
NAME	DUTTON, JAMES K.		4.2 NAME	FADDRESS	6500 PASEO PADRE PA	RKWAY
STREET ADDRESS	6500 PASEO PADREE PKWY	DEO I ADREE I RITI			PREMONT, CA 94555	,
CITY-ST-ZIP TITLE	FREMONT CA 94555	DELETE	4.4 CITY-ST	1-21	, - 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME	VTS Gentner, Craig M	<i>T</i> \	5.2 NAME			
STREET ADDRESS	6500 PASEO PADRE PKWY		5.3 STREET	ADDRESS		
CITY-ST-ZIP	FREMONT CA 94555		5.4 CITY-S	T-ZIP		
TITLE	THEMONT ON \$1000	☐ DELETE	6.1 TITLE	****		☐ Change ☐ Addition
NAME			6.2 NAME			

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS