FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500001673 (1)

CABLETRON SYSTEMS SALES & SERVICE, INC.

Principal Place of Business Mailing Address P.O. BOX 5005 P.O. BOX 5005 TAX DEPT., BLDG 126 TAX DEPT., BLDG 126 ROCHESTER NH 03866-5005 ROCHESTER NH 03866-5005 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 02-0478354 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 660 EAST JEFFERSON ST. Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE Change Addition TITLE 1.1 TITLE LEVINE, S R NAME 1.2 NAME 35 INDUSTRIAL WAY STREET ADDRESS 1.3 STREET ADDRESS **ROCHESTER NH** CITY-ST-ZIP 1.4 CITY - ST - ZIP ed bd Change DELETE Addition President TITLE 21 TITLE BENSON, CRAIG R NAME 2.2 NAME 35 INDUSTRIAL WAY STREET ADDRESS 2.3 STREET ADDRESS ROCHESTER NH CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition MYEROW, MICHAEL D NAME 3.2 NAME 35 INDUSTRIAL WAY STREET ADDRESS 3.3 STREET ADDRESS **ROCHESTER NH** CITY-ST-ZIP 3.4. CITY-ST-ZIP CFO DELETE TITLE 4.1 TITLE Addition KIRKPATRICK, DAVID NAME 4. 2 NAME 35 INDUSTRIAL WAY STREET ADDRESS 4.3 STREET ADDRESS ROCHESTER NH CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 of the requiremental 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 of the requiremental 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 of the corporati Block 12 or Block 13 if changel, o chment with an address

SIGNATI IRF.

David Kirkontrick

4-10-98 (M3 272-94DD

FILED

Apr 17 1998 8:00am

Secretary of State

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