

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001673

i. Entity Name

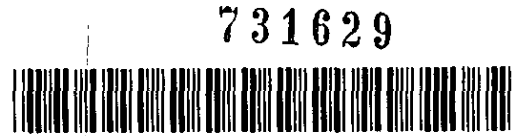
CABLETRON SYSTEMS SALES & SERVICE, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90032 039 \*\*\*150.00

Principal Place of Business	Mailing Address
INDUSTRIAL WAY ROCHESTER NY 03867	P.O. BOX 5005 TAX DEPT., BLDG 126 ROCHESTER NH 03866-5005

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	02-0478354	Applied For
		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 660 EAST JEFFERSON ST. 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, CRAIG R	NAME	
STREET ADDRESS	35 INDUSTRIAL WAY	STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYEROW, MICHAEL D	NAME	
STREET ADDRESS	35 INDUSTRIAL WAY	STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFO KIRKPATRICK, DAVID	NAME	
STREET ADDRESS	35 INDUSTRIAL WAY	STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT PIVUSH PATEL
STREET ADDRESS		STREET ADDRESS	35 INDUSTRIAL WAY
CITY-ST-ZIP		CITY-ST-ZIP	ROCHESTER NH 03867
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TREASURER MOOYA JOOSTEN
STREET ADDRESS		STREET ADDRESS	1 CABLETRON WAY
CITY-ST-ZIP		CITY-ST-ZIP	ROCHESTER NH 03867
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	

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: MOOYA JOOSTEN 4-26-2000 603-337-4410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #

CR2E034 (9/99)