

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90410 020 \*\*\*150.00

**DOCUMENT # F95000001673**

1. Entity Name

**CABLETRON SYSTEMS SALES & SERVICE, INC.**

Principal Place of Business

**35 INDUSTRIAL WAY  
 ROCHESTER NY 03867  
 US**

Mailing Address

**P.O. BOX 5005  
 TAX DEPT., BLDG 400-35  
 ROCHESTER NH 03866-5005**

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 **02-0478354**

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

**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

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

(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)

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENSON, CRAIG R</b>	
STREET ADDRESS	<b>35 INDUSTRIAL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NH</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MYEROW, MICHAEL D</b>	
STREET ADDRESS	<b>35 INDUSTRIAL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NH</b>	
TITLE	<b>GFO SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>KIRKPATRICK, DAVID</b>	
STREET ADDRESS	<b>35 INDUSTRIAL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NH</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ENRIQUE FIALLO</b>	
STREET ADDRESS	<b>35 INDUSTRIAL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NH 03867</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERIC JAEGER</b>	
STREET ADDRESS	<b>35 INDUSTRIAL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NH 03867</b>	
TITLE	<b>SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Piyush Patel</b>	
STREET ADDRESS	<b>35 INDUSTRIAL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NH 03867</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**DAVID KIRKPATRICK**

Date

Daytime Phone #

**3/8/86/ 603-332-9400**

CR2E034 (10/00)