

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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003087 (2)

1. Corporation Name  
SIERRA NETWORKS, INC.

Principal Place of Business  
485 CAYUGA RD.  
BUFFALO NY 14225

Mailing Address  
485 CAYUGA RD.  
BUFFALO NY 14225-1308

3. Date Incorporated or Qualified  
06/26/1995

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
16-1482451

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	GERO, JAMES F	
STREET ADDRESS	11900 NORTH ANNA CADE RD.	
CITY-ST-ZIP	ROCKWALL TX 75087	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DALEY, THOMAS F	
STREET ADDRESS	485 CAYUGA RD	
CITY-ST-ZIP	BUFFALO NY 14225	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLER, JEFFREY P	
STREET ADDRESS	485 CAYUGA RD	
CITY-ST-ZIP	BUFFALO NY 14225	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	FLEMING, NED N III	
STREET ADDRESS	800 NORTH PEARL ST., SUITE 2160	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSE, EDWARD W III	
STREET ADDRESS	500 CRESCENT CT., SUITE 250	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYNE, MARSHALL B II	
STREET ADDRESS	500 CRESCENT CT., SUITE 250	
CITY-ST-ZIP	DALLAS TX 75201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Buck, John F.	
1.3 STREET ADDRESS	485 Cayuga Road	
1.4 CITY-ST-ZIP	Buffalo, NY 14225	
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boyle, Richard	
2.3 STREET ADDRESS	6110 Blue Circle Drive	
2.4 CITY-ST-ZIP	Minnetonka, MN 55343	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006921

CR2E034 (9/96)