

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90151 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001311

1. Corporation Name
ASCEND COMMUNICATIONS, INC.

Principal Place of Business 1701 HARBOR BAY PKWY. ALAMEDA CA 94502-3002 US	Mailing Address 1701 HARBOR BAY PKWY. ALAMEDA CA 94502-3002 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/01/1996	4. FEI Number 94-3092033 Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, ROGER L	1.2 NAME	MORY EJABAT
STREET ADDRESS	1701 HARBOR BAY PKWY.	1.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY
CITY-ST-ZIP	ALAMEDA CA 94502-3002	1.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHL, ROBERT K	2.2 NAME	MICHAEL ASHBY
STREET ADDRESS	1701 HARBOR BAY PKWY.	2.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY
CITY-ST-ZIP	ALAMEDA CA 94502-3002	2.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAMLICH, C R	3.2 NAME	DONALD ZERIO
STREET ADDRESS	1701 HARBOR BAY PARKWAY	3.3 STREET ADDRESS	1701 HARBOR BAY PARKWAY
CITY-ST-ZIP	ALAMEDA CA 94502-3002	3.4 CITY-ST-ZIP	ALAMEDA, CA 94502-3002
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALLY, JAMES P	4.2 NAME	
STREET ADDRESS	1701 HARBOR BAY PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA 94502-3002	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFFSTALL, MARTIN L	5.2 NAME	
STREET ADDRESS	1701 HARBOR BAY PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA 94502-3002	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, BETTY	6.2 NAME	
STREET ADDRESS	1701 HARBOR BAY PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALAMEDA CA 94502-3002	6.4 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.

SIGNATURE: *Donald Zerio* **RONALD ZERIO, VICE PRESIDENT** Date: **4.6.99** Daytime Phone #: **(510) 747-3865**

CR2E034 (11/98)