

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000003243**

1. Corporation Name  
**BAY NETWORKS USA, INC.**



Principal Place of Business  
**8 FEDERAL STREET  
BILLERICA MA 01821**

Mailing Address  
**8 FEDERAL STREET  
BILLERICA MA 01821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/26/1996**

4. FEI Number  
**77-0427791**

Applied For  
 Not Applicable

2. Principal Place of Business  
21 **4401 GREAT AMERICA PARKWAY**

2a. Mailing Address  
26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 Suite, Apt. #, etc.  
23 **SANTA CLARA, CALIFORNIA**

27 City & State  
28 **SANTA CLARA, CALIFORNIA**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip **95052**

29 Zip **95052** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> DELETE    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HOUSE, DAVID                         | 1.2 NAME  |   |
| STREET ADDRESS             | 4401 GREAT AMERICA PKWY              | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SANTA CLARA CA                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPCT <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RISSE, JANE A                        | 2.2 NAME  |   |
| STREET ADDRESS             | 4401 GREAT AMERICA PKWY              | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SANTA CLARA CA                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | EVPC <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RYNNE, DAVID J                       | 3.2 NAME  |   |
| STREET ADDRESS             | 4401 GREAT AMERICA PARKWAY           | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SANTA CLARA CA 95052                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POGGI, JOHN J. J                     | 4.2 NAME  |   |
| STREET ADDRESS             | 4401 GREAT AMERICA PARKWAY           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SANTA CLARA CA 95052                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 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: JANE A. RISSE JANE A. RISSE, TREASURER 4/16/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)