

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90212 047 \*\*\*150.00

DOCUMENT # F97000003058

1. Corporation Name  
ALCATEL ITS, INC.



Principal Place of Business  
12030 SUNRISE VALLEY DRIVE  
RESTON VA 20191

Mailing Address  
12030 SUNRISE VALLEY DRIVE  
RESTON VA 20191

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

54-1417605

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME FYDA, PATRICE  
STREET ADDRESS % 122 AVE DU GENERAL LECLERC 92100  
CITY-ST-ZIP BOULOGNE-BILLANCOURT FRANCE

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 30 AVENUE KLEBER 75016  
1.4 CITY-ST-ZIP PARIS FRANCE ☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME HINTON, KATHRYN  
STREET ADDRESS 12030 SUNRISE VALLEY DRIVE  
CITY-ST-ZIP RESTON VA 20191

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☒ DELETE  
NAME KRAFT, DENNIS  
STREET ADDRESS 1225 NORTH ALMA ROAD  
CITY-ST-ZIP RICHARDSON TX 75081

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME S  
3.3 STREET ADDRESS GEORGE BRUNT  
3.4 CITY-ST-ZIP 1000 COIT ROAD  
PLANO, TX 75075

TITLE D ☐ DELETE  
NAME GARIJO, CESAR  
STREET ADDRESS % 122 AVE DU GENERAL LECLERC 92100  
CITY-ST-ZIP BOULOGNE-BILLANCOURT FRANCE

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 54 RUE DELA BOETIE 75008  
4.4 CITY-ST-ZIP PARIS FRANCE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.99

Date

703.715.1100

Daytime Phone #

CR2E034 (11/98)