## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # F9700003058 Apr 10, 2000 8:00 am Secretary of State ALCATEL ITS, INC. 04-10-2000 90075 044 \*\*\*150.00 Mailing Address Principal Place of Business 12030 SUNRISE VALLEY DRIVE 12030 SUNRISE VALLEY DRIVE RESTON VA 20191-3409 RESTON VA 20191 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-1417605 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. vice - president Change ☐ Delete TITLE TITLE Christopher E. Chaconas NAME NAME FYDA. PATRICE 10030 Sunrise Valley Drive STREET ADDRESS STREET ADDRESS 30 AVE KLEBER 75016 CITY-ST-ZIP VE 10100 CITY-ST-ZIP Reston PARIS, FRANCE DIRECTOR Change Addition TITLE Delete Delete TITLE CHRIS BLACK NAME HINTON, KATHRYN NAME SY RUEDE LA BOGTI & STREET ADDRESS 12030 SUNRISE VALLEY DRIVE STREET ADDRESS 7500 B PARIS FRANCE CITY-ST-ZIP CITY-ST-ZIP RESTON VA 20191 ■ Delete TITLE ☐ Change ☐ Addition TITLE GARIJO, CESAR NAME STREET ADDRESS STREET ADDRESS 54 RYE DELA BOETIE 75008 CITY-ST-ZIP CITY-ST-ZIP PARIS, FRANCE Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME BRUNT, GEORGE STREET ADDRESS STREET ADDRESS 1000 COITN RD CITY-ST-ZIP CITY-ST-ZIP PLANO TX 75075 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHE B. CHAWNAS