2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004375

Entity Name: 3COM CORPORATION

FILED Apr 28, 2005 Secretary of State

0 (B) : IBI (B) :		Navy Bain a	New Principal Place of Business		
Current Principal Place of Business:			New Princ	ipal Place of Business:	
350 CAMPI MARLBOR	JS DRIVE OUGH, MA 01	752 US			
Current Mailing Address:			New Maili	New Mailing Address:	
5403 BETSY ROSS DRIVE MAILSTOP 1207 SANTA CLARA, CA 95054 US					
FEI Number:	94-2605794	FEI Number Applied For () FEI N	lumber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
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:					
Electronic Signature of Registered Agent				Date	
Election Carr	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () E CLAFLIN, BRUCE 350 CAMPUS DR MARLBOROUGH	RIVE	Title: Name: Address: City-St-Zip:	PDCE (X) Change () Addition CLAFLIN, BRUCE 350 CAMPUS DRIVE MARLBOROUGH, MA 01752	
Title: Name: Address: City-St-Zip:	D () [BENHAMOU, ERI 55 GREAT AMER SANTA CLARA, C	RICA PKWY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BENHAMOU, ERIC L 5403 BETSY ROSS DR SANTA CLARA, CA 95054	
Title: Name: Address: City-St-Zip:	D () E YOVOVICH, PAU 350 CAMPUS DR MARLBOROUGH	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LONG, JAMES 350 CAMPUS DR MARLBOROUGH		Title: Name: Address: City-St-Zip:	D (X) Change () Addition LONG, JAMES R 350 CAMPUS DRIVE MARLBOROUGH, MA 01752	
Title: Name: Address: City-St-Zip:	D () E REDDY, RAJ 350 CAMPUS DE MARLBOROUGH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CFO () Change (X) Addition HALSTED, DONALD M 350 CAMPUS DR MARLBOROUGH, MA 01752	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M HALSTED III CFO 04/28/2005