

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 01, 1999 8:00 am  
Secretary of State

04-01-1999 90119 020 \*\*\*150.00

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1. Corporation Name

WESTERN MULTIPLEX CORPORATION

Principal Place of Business

1196 BORREGAS AVE  
SUNNYVALE CA 94089

Mailing Address

1196 BORREGAS AVE  
SUNNYVALE CA 94089

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

94-2620670

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☒ DELETE

NAME SMITH, GARY B  
STREET ADDRESS 18401 PENINSULA CLUB  
CITY-ST-ZIP CORNELIUS NC

TITLE PD ☒ DELETE

NAME GRESHAM, MICHAEL J  
STREET ADDRESS 91 WATERSIDE CIRCLE  
CITY-ST-ZIP REDWOOD CITY CA

TITLE V ☐ DELETE

NAME ZOUFONOUN, AMIR  
STREET ADDRESS 887 N CENTRAL AVENUE  
CITY-ST-ZIP CAMPBELL CA

TITLE TD ☐ DELETE

NAME CIEPCIELINSKI, STANLEY  
STREET ADDRESS 632 STANHOPE LANE  
CITY-ST-ZIP MATTHEWS NC

TITLE SD ☐ DELETE

NAME PRIDGEN, EUGENE C  
STREET ADDRESS 5935 CARNEGIE BLVD  
CITY-ST-ZIP CHARLOTTE NC

TITLE AS ☐ DELETE

NAME LAYTON, BILLY C  
STREET ADDRESS 5935 CARNEGIE BLVD  
CITY-ST-ZIP CHARLOTTE NC

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (704) 553-0038

CR2F034 (11/98)