

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003643

1. Entity Name

ADC TELECOMMUNICATIONS SALES, INC.

Principal Place of Business

Mailing Address

12501 WHITEWATER DRIVE  
MINNETONKA MN 55343

12501 WHITEWATER DRIVE  
MINNETONKA MN 55343-9436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete

NAME CADOGAN, WILLIAM J

STREET ADDRESS 12501 WHITEWATER DRIVE

CITY-ST-ZIP MINNETONKA MN 55343

TITLE CFOT ☐ Delete

NAME SWITZ, ROBERT E

STREET ADDRESS 12501 WHITEWATER DRIVE

CITY-ST-ZIP MINNETONKA MN 55343

TITLE V ☐ Delete

NAME DAVIS, LYNN J

STREET ADDRESS 12501 WHITEWATER DRIVE

CITY-ST-ZIP MINNETONKA MN 55343

TITLE V ☒ Delete

NAME MARTIN, WILLIAM L

STREET ADDRESS 2240 CAMPBELL CREEK BLVD

CITY-ST-ZIP RICHARDSON TX 75082

TITLE V ☒ Delete

NAME RAGAVAN, VIVEK

STREET ADDRESS 88 BALFOUR DR.

CITY-ST-ZIP WEST HARTFORD CT 06117

TITLE VS ☒ Delete

NAME FISHER, DAVID F

STREET ADDRESS 5047 GLADSTONE AVE S.

CITY-ST-ZIP MINNEAPOLIS MN 55419

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VT ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VS ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2000 612-946-2324

Date

Daytime Phone #