

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91168 016 ***150.00

DOCUMENT # F98000006350

1. Entity Name

DIALOGIC CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 Route 10

3. Mailing Address

1515 Route 10

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Parsippany NJ

City & State

Parsippany NJ 07054

4. FEI Number

22-2476114

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Corporation-Service-Company-**

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

1201 Hays Street

City **Tallahassee FL 32301**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
SEE ATTACHED LIST

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Prague

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (973) 967-6261

Date

Daytime Phone #

CR2E034B (12/01)

Dialogic Corporation
FEIN #22-2476114

ATTACH # F98 000006350
667785

OFFICERS

<u>NAME/TITLE</u>	<u>ADDRESS</u>	<u>SOCIAL SECURITY #</u>
Howard G. Bubb President & CEO	21 Fernwood Place Mountain Lakes, NJ 07046	549-92-3302
Patrice Scatena (D) Secretary	475 Frederick Street San Francisco, CA 94117	551-53-6302
Robert H. Perlman (D) Vice President	986 Woodrow Place San Jose, CA 95120	114-34-2409
Arvind Sodhani Vice President & Treasurer	85 21 st Ave. San Francisco, CA 94121	383-80-5939
Kala Srinivasan (D) Assistant Treasurer	1912 Magdalena Cirle #106 Santa Clara, CA 566-91-6897	566-91-6897
Ronald Prague Assistant Secretary	1515 Route 10 Parsippany, NJ 07054	093-38-4048

(D) Denotes Director