

**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.	
City & State Parsippany NJ		City & State Parsippany NJ 07054	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2476114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	
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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** 4/26/02 (973) 967-6261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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 Secretary	(D)	475 Frederick Street San Francisco, CA 94117	551-53-6302
Robert H. Perlman Vice President	(D)	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 Assistant Treasurer	(D)	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