2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001573

TELLADO NODELLAMEDIOA INO

FILED May 16, 2005 Secretary of State

Entity Nan	1e: TELLAB	S NORTH AMERICA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	CDOWELL B A, CA 94954					
Current Mailing Address:			New Mailing Address:			
	DOWELL BL A, CA 94954					
FEI Number: 68-0422388 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOUT	ORATION SY TH PINE ISLA DN, FL 3332	AND ROAD				
The above in the State		submits this statement for the pur	pose of changing it	s registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
	Electro	onic Signature of Registered Agent			Date	
Election Cam	ıpaign Financiı	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	SCHOFIELD, 1465 N MCDO PETALUMA, C	DWELL BLVD CA 94954) Delete H	Title: Name: Address: City-St-Zip: Title: Name: Address:	PRABHU, KRISH 1465 N MCDOW PETALUMA, CA T (X)	VELL BLVD 94954 Change () Addition DTHY J EVP CFO	
City-St-Zip:	PETALUMA, C	CA 94954	City-St-Zip:	PETALUMA, CA	94954	
Title: Name: Address: City-St-Zip:	S (PAUL, AMY 1465 N MCDO PETALUMA, O		Title: Name: Address: City-St-Zip:	S (X) SHEEHAN, JAM 1465 N MCDOV PETALUMA, CA	VELL BLVD	
Title: Name: Address: City-St-Zip:	CCVP (BLACKBURN, 1465 N MCDC PETALUMA, C	OWELL BLVD	Title: Name: Address: City-St-Zip:	VP (X) SANTIAGO, MAI 1465 N MCDOV PETALUMA, CA	VELL BLVD	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () DANIEL, MADDI 1465 N MCDOV PETALUMA, CA	VELL BLVD	

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: MARK SANTIAGO VΡ 05/16/2005