

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90094 024 ***150.00

DOCUMENT # F99000001731

1. Entity Name
CIENA COMMUNICATIONS, INC.



Principal Place of Business
1201 WINTERSON ROAD
LINTHICUM, MD 21090

Mailing Address
1201 WINTERSON ROAD
LINTHICUM, MD 21090



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2055579	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, GARY B 1201 WINTERSON ROAD LINTHICUM, MD 21090
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEVENSON, RUSSELL B 1201 WINTERSON RD LINTHICUM, MD 21090
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTC PETRIK, ANDREW C 1201 WINTERSON ROAD LINTHICUM, MD 21090
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO CHINNICI, JOSEPH R 1201 WINTERSON ROAD LINTHICUM, MD 21090
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

04/26/05

Date

410.694.59722

Daytime Phone #