

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90125 048 \*\*\*150.00

**DOCUMENT # F99000003223**

1. Entity Name

~~OPTICAL NETWORKS, INCORPORATED~~

**ONI SYSTEMS CORP.**

Principal Place of Business

**166 BAYPOINT PKWY  
 SAN JOSE CA 95134**

Mailing Address

**166 BAYPOINT PKWY  
 SAN JOSE CA 95134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **77-0469657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOS, MATTHEW</b>	
STREET ADDRESS	<b>3180 RIDER TRAIL S</b>	
CITY-ST-ZIP	<b>BRIDGETON MO 63045</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIEBER, JON</b>	
STREET ADDRESS	<b>2775 SANDHILL RD</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COMPTON, KEVIN</b>	
STREET ADDRESS	<b>2775 SANDHILL RD.</b>	
CITY-ST-ZIP	<b>MENLO PARK CA 94025</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAFFEI, GREGORY</b>	
STREET ADDRESS	<b>800 5TH AVENUE SUITE 4100</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98104</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, HUGH</b>	
STREET ADDRESS	<b>166 BAYPOINT PKWY</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95134</b>	
TITLE	<b>VCFO</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CHRIS</b>	
STREET ADDRESS	<b>32 RIBAUT DR</b>	
CITY-ST-ZIP	<b>HILTON HEAD SC 29926</b>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Matthew Bross</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>St. Louis, MO 63044</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Jim Jordan</b>
CITY-ST-ZIP	<b>57 Spanish Bay</b>
	<b>Pebble Beach, CA 93953</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2750 Sand Hill Road</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2200 Sixth Ave., Suite 1122</b>
CITY-ST-ZIP	<b>Seattle, WA 98121</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>166 Baypointe Pkwy.</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Exec. VP, CFO &amp; CAO</b>
STREET ADDRESS	<b>166 Baypointe Pkwy.</b>
CITY-ST-ZIP	<b>San Jose, CA 95134</b>

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 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

Date

Daytime Phone #

01-05-01

408-9665-2833

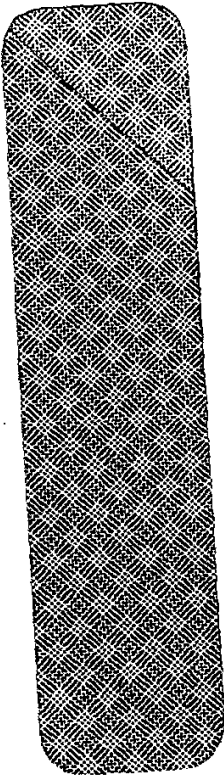
CR2E034 (10/00)

attachment  
D# F99000003223



Systems™

166 BAYPOINTE PKWY  
SAN JOSE, CA 95134



Changes made  
with the permission  
of Kelly of your  
office on 1/5/01  
at 5:07pm EST.