

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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03 MAR -6 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00-03  
[Signature]

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> F99000004099					
<b>1. Corporation Name</b> <b>EXCEL SWITCHING CORPORATION</b>					
<b>2. Principal Office Address</b> 255 Independence Drive Suite, Apt. #, etc. City & State Hyannis, MA Zip 02601			<b>3. Mailing Office Address</b> 255 Independence Drive Suite, Apt. #, etc. City & State Hyannis, MA Zip 02601		
Country USA		Country USA		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
				<b>5. FEI Number</b> 042992806	
				Applied For Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$3.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc. 10001362796		
City Tallahassee	State FL	Zip Code 32301

<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
Signature of Registered Agent [Signature]		Date 3/6/03	
REGISTERED AGENT MUST SIGN <b>Brian Courtney</b> <b>Asst. V. Pres</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Michael C. Keefe	600 Mountain Avenue	Murray Hill, NJ 07974
Pres.	Janet Davidson	67 Whippany Road	Whippany, NJ 07981
VP	Jeffrey L. Kestler	600 Mountain Avenue	Murray Hill, NJ 07974
VP/Clerk	Michael C. Keefe	600 Mountaine Avenue	Murray Hill, Nj 07974
VP/Treas	Mark Gibbens	600 Mountain Avenue	Murray Hill, NJ 07974
Asst Cle	Janet O'Rourke	600 Mountain Avenue	Murray Hill, Nj 07974
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>			
<b>SIGNATURE:</b> [Signature]		Michael C. Keefe	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		908-582-3336	
Date		Daytime Phone #	

CR2E081 (9/01)



CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 954505 7135160

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 1208.75

ORDER DATE : March 5, 2003

ORDER TIME : 11:02 AM

ORDER NO. : 954505-005

CUSTOMER NO: 7135160

CUSTOMER: Suzanne Franco, Corp Paralegal  
Lucent Technologies Inc.  
600 Mountain Avenue  
Room 3c515  
Murray Hill, NJ 07974

REINSTATEMENT

NAME: EXCEL SWITCHING CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ginger Simmons

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESS SERVICES  
TALLAHASSEE, FLORIDA

03 MAR -6 AM 11:45

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