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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90034 039 \*\*\*150.00

DOCUMENT # P01324

1. Corporation Name

INRANGE TECHNOLOGIES CORPORATION

Principal Place of Business

1 HIGH PARK  
SAMFORD CT 06904  
US

Mailing Address

135 MT READ BLVD  
GENERAL SIGNAL TAX DEPT  
ROCHESTER NY 14611-1921  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1984

4. FEI Number

06-0962862

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 3301

27 Suite, Apt. #, etc.

28 City & State

Muskegon, MI

Zip

29 49443

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COACKLEY, ROBERT  
STREET ADDRESS 5 KENDLES RUN RD  
CITY-ST-ZIP MOORESTOWN NJ

TITLE CFOS ☒ DELETE

NAME MORGAN, DONALD W  
STREET ADDRESS 574 WILLIS LN  
CITY-ST-ZIP STRAFFORD PA

TITLE AT ☒ DELETE

NAME DOHERLY, J  
STREET ADDRESS 1 HIGH RIDGES PK  
CITY-ST-ZIP STAMFORD CT 06904

TITLE AS ☒ DELETE

NAME BOBER, J  
STREET ADDRESS 1 HIGH RIDGES PK  
CITY-ST-ZIP STAMFORD CT

TITLE V ☒ DELETE

NAME CONNOLLY, ROBERT J.  
STREET ADDRESS 12 FAIRFIELD RD.  
CITY-ST-ZIP OXFORD CT

TITLE V ☒ DELETE

NAME FUSARELLI, ANTHONY  
STREET ADDRESS 6 CRESENT LANE  
CITY-ST-ZIP TRUMBULL CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP/Secretary/Director ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VP/Treasurer/Director ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Director ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Christopher J. Kearney,  
Secretary

2/16/99

Date

(616) 724-5000

Daytime Phone #

CR2E034 (11/98)

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