

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90146 029 \*\*\*150.00

**DOCUMENT # P01324**

1. Entity Name

**INRANGE TECHNOLOGIES CORPORATION**

Principal Place of Business

**700 TERRACE POINT DR  
 MUSKEGON MI 49443  
 US**

Mailing Address

**P.O. BOX 3301  
 MUSKEGON MI 49443  
 US**

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

**06-0962862**

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  
 % 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREDHAUS, GREGORY 700 TERRACE DR MUSKEGON FL 49443	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, CHRISTOPHER J 700 TERRACE POINT DRIVE MUSKEGON MI 49443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAPRES, J. GEOFFREY 700 TERRACE POINT DR MUSKEGON MI 49443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'LEARY, PATRICK J 700 TERRACE POINT DRIVE MUSKEGON MI 49443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KOCH, KENNETH H 700 TERRACE POINT DR MUSKEGON FL 49443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SIAS, CATHERINE 700 TERRACE POINT DR MUSKEGON FL 49443	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sherrie L. Woodring 700 Terrace Pt. Dr. Muskegon, Mi 49443	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Arthur R. Cross 700 Terrace Pt. Dr. Muskegon, Mi 49443	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Geoffrey J. Lapres 700 Terrace Pt. Dr. Muskegon, Mi 49443	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jane E. Playter 700 Terrace Pt. Dr. Muskegon, Mi 49443	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Kenneth Koch 700 Terrace Pt. Dr. Muskegon, Mi 49443	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	

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 REQUIRED** Patrick J. O'Leary 4-14-02 231-724-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director  
 Date Daytime Phone #

CR2E034 (9/01)

ATTACH # P.O. 1324 / 04121

**INRANGE TECHNOLOGIES CORP.**  
**Officer/Director List**

**Directors:**

John B. Blystone  
Sherrie L. Woodring  
Robert B. Foreman  
Christopher J. Kearney  
Lewis M. Kling  
Patrick J. O'Leary  
Bruce J. Ryan  
David B. Wright

**Officers:**

Sherrie L. Woodring  
Anthony J. Fusarelli  
John Schwab  
J. Geoffrey Lapres  
Kenneth H. Koch

Arthur R. Cross  
Ronald J. Bulin  
Dale Lafferty  
Donna E. Jack  
Kevin Eamigh  
Eugene Levine  
Michael C. Sutter  
Fredrick E. Weber  
Jane E. Playter  
Cindy Jessel

President & CEO  
Executive Vice President - Sales  
Vice President and Chief Financial Officer  
Vice President - Finance  
Vice President, General Counsel and  
Secretary  
Vice President  
Vice President - Service  
Vice President - Corporate Marketing  
Director - Human Resources  
Chief Information Officer  
Vice President - Business Management  
Vice President - Operations  
Vice President - Engineering  
Assistant Secretary  
Assistant Secretary

**Bus. Address:**  
**700 Terrace Point Dr.**  
**Muskegon, MI 49443**