

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18849 (0)**

1. Corporation Name: **UNGERMANN-BASS NETWORKS, INC.**



Principal Place of Business <b>3900 FREEDOM CIRCLE SANTA CLARA CA 95054-1204</b>	Mailing Address <b>3900 FREEDOM CIRCLE SANTA CLARA CA 95054-1204</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/05/1988</b>	3a. Date of Last Report <b>02/06/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>94-2589236</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	<b>FL</b> B5. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRENNAN, CHRISTOPHER D</b>	1.2 NAME	
STREET ADDRESS	<b>3900 FREEDOM CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANTA CLARA CA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERGE, CAROL</b>	2.2 NAME	<b>Kaplan, William</b>
STREET ADDRESS	<b>3900 FREEDOM CIRCLE</b>	2.3 STREET ADDRESS	<b>3990 Freedom Circle</b>
CITY - ST - ZIP	<b>SANTA CLARA CA</b>	2.4 CITY - ST - ZIP	<b>Santa Clara CA 95054</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABET, MARIUS</b>	3.2 NAME	<b>Peter Sommerer</b>
STREET ADDRESS	<b>3900 FREEDOM CIRCLE</b>	3.3 STREET ADDRESS	<b>3990 Freedom Circle</b>
CITY - ST - ZIP	<b>SANTA CLARA CA</b>	3.4 CITY - ST - ZIP	<b>Santa Clara CA 95054</b>
TITLE	<b>VPCT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIKE, TYRONE</b>	4.2 NAME	<b>James McCormick</b>
STREET ADDRESS	<b>3900 FREEDOM CIRCLE</b>	4.3 STREET ADDRESS	<b>T, V</b>
CITY - ST - ZIP	<b>SANTA CLARA CA</b>	4.4 CITY - ST - ZIP	<b>3990 Freedom Circle</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIENTKA, JOHN</b>	5.2 NAME	<b>San Boyd</b>
STREET ADDRESS	<b>3900 FREEDOM CIRCLE</b>	5.3 STREET ADDRESS	<b>3990 Freedom Circle</b>
CITY - ST - ZIP	<b>SANTA CLARA CA</b>	5.4 CITY - ST - ZIP	<b>Santa Clara CA 95054</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIEPER, ROEL</b>	6.2 NAME	<b>Mike Carr</b>
STREET ADDRESS	<b>TANUEM COMPUTERS, 10435 NORTH TANTAU AVENU</b>	6.3 STREET ADDRESS	<b>3990 Freedom Circle</b>
CITY - ST - ZIP	<b>CUPERTINO CA</b>	6.4 CITY - ST - ZIP	<b>Santa Clara CA 95054</b>

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: **3-20-97** (408) 496-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)