

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P23906 (1)**  
 1. Corporation Name  
**NEWBRIDGE NETWORKS INC.**



Principal Place of Business <b>593 HERNDON PARKWAY HERNDON VA 22070</b>	Mailing Address <b>593 HERNDON PARKWAY HERNDON VA 22070</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1989</b>	
21	22	26	27	4. FEI Number <b>98-0077506</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>20170</b>	25 Country	29 Zip <b>20170</b>	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code <b>FL</b>

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 filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASCOE, F. MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>593 HERNDON PARKWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HERNDON VA</b>	1.4 CITY-ST-ZIP	<b>20170</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, TERRANCE H.</b>	2.2 NAME	
STREET ADDRESS	<b>3 OAKESWOOD LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KANATA, ONTARIO, CANADA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARBONNEAU, PETER D.</b>	3.2 NAME	
STREET ADDRESS	<b>1301 AGINCOURT RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OTTAWA, ONTARIO, CANADA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETER CONLON</b>	4.2 NAME	<b>DARRAGH J. DAVIS</b>
STREET ADDRESS	<b>13230 STABLE BROOK WAY</b>	4.3 STREET ADDRESS	<b>810 HICKORY VALE LANE</b>
CITY-ST-ZIP	<b>HERNDON VA</b>	4.4 CITY-ST-ZIP	<b>GREAT FALLS, VA 22066</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AVIS, JAMES</b>	5.2 NAME	<b>JOHN FARMER</b>
STREET ADDRESS	<b>278 REMIC AVENUE</b>	5.3 STREET ADDRESS	<b>18 ETRICK CRESCENT</b>
CITY-ST-ZIP	<b>OTTAWA, ONTARIO, CANADA</b>	5.4 CITY-ST-ZIP	<b>NEPEAN, ONTARIO CANADA K2J 1G1</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, KEITH</b>	6.2 NAME	
STREET ADDRESS	<b>6508 DEIDRE TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCLEAN VA</b>	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.

SIGNATURE \_\_\_\_\_ **VP Darragh J. Davis 8/6/98 703-736-5316**

CR2E084 (10/97)