

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90163 016 ***150.00

DOCUMENT # P23906

1. Corporation Name
NEWBRIDGE NETWORKS INC.

Principal Place of Business
593 HERNDON PARKWAY
HENDON VA 20170
US

Mailing Address
593 HERNDON PARKWAY
HENDON VA 20170
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1989

4. FEI Number

98-0077506

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME PASCOE, F. MICHAEL
STREET ADDRESS 593 HERNDON PARKWAY
CITY-ST-ZIP HERNDON VA 20170

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME GIULIO GIANTURCO
1.3 STREET ADDRESS 11 TAINTOR DRIVE
1.4 CITY-ST-ZIP SUDBURY, MA 01176

TITLE CD ☐ DELETE
NAME MATTHEWS, TERRANCE H.
STREET ADDRESS 3 OAKESWOOD LANE
CITY-ST-ZIP KANATA, ONTARIO, CANADA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME CHARBONNEAU, PETER D.
STREET ADDRESS 1301 AGINCOURT RD.
CITY-ST-ZIP OTTAWA, ONTARIO, CANADA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME PARRAGH J DAVIS
STREET ADDRESS 810 HICKORY VALE LN
CITY-ST-ZIP GREAT FALLS VA 22066

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DARRAGH DAVIS
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME JOHN FARMER
STREET ADDRESS 18 ETTRICK CRESCENT
CITY-ST-ZIP NEPEAN ON K2T 1

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Robert T. Lee* SIGNATURE REQUIRED: ROBERT T. LEE, DIRECTOR OF CORPORATE TAXES 703 834 3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0009297