2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90067 024 ***150.00

DOCUMENT # P23906

1. Entity Name

NEWBRIDGE NETWORKS INC.

B0015077

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
593 HERNDON PARKWAY HENDON VA 20170 US	593 HERNDON PARKWAY HENDON VA 20151-3801 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 15036 CONFERENCE CENTER DR.	Suite, Apt. #, etc.: 15036 CONFERENCE CENTER DR.
City & State: CHANTILLY, VA	City & State: CHANTILLY, VA
Zip: 20151 Country: USA	Zip: 20151 Country: USA

4. FEI Number: 98-0077506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2000 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 GIULIO, GIANTURCO 11 TAINTOR DR SUDBURY MA 01176	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EDDIE MINSHULL 15036 CONFERENCE CENTER DRIVE CHANTILLY, VA 20151	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MATTHEWS, TERRANCE H. 3 OAKESWOOD LANE KANATA, ONTARIO, CANADA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARBONNEAU, PETER D. 1301 AGINCOURT RD. OTTAWA, ONTARIO, CANADA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DARRAGH, DAVIS 810 HICKORY VALE LN GREAT FALLS VA 22066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JOHN FARMER 18 ETTRICK CRESCENT NEPEAN ON K2T 1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 1/20/2000 703-679-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #