SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) , PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P25012 (6)JONES LIGHTWAVE, LTD., INCORPORATED Mailing Address Principal Place of Business 9697 E. MINERAL AVENUE 9697 E. MINERAL AVENUE PO ROX 3309 PO BOX 3309 ENGLEWOOD CO 80155-3090 3a. Date of Last Report ENGLEWOOD CO 80155-3090 3. Date incorporated or Qualified 06/26/1989 08/14/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 84-1093893 26 21 \$8.75 Additional Suite: Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campa gn Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032, Country Country  $Z_{10}$ Zip Yes No. Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 62 Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 83 Zip Code **84** City 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 (hO\*E. Registered Agent signal naterpared when remotating) Signature, type dior printed home of registered agent and title diapple able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TULE TITLE CR2E034 GRIFFIN, WALLACE W. NAME 9697 E. MINERAL AVENUE 1.3 STREET ADORESS STREET ADDRESS ENGLEWOOD CO 14 CITY - \$1 - 7IP CHTY - ST - ZIP x Change Addition Director DELETE 21 THUE TITLE Burney, Derek H. MALONE, ROBERT J. NAME 1000, rue de La Gauchetiere, Bureau 1100 4835 S. GAYLORD 2.3 STREET ADDRESS STREET ADDRESS Montreal, QC Canada H3B 4Y8 ENGLEWOOD CO 2 4 CITY ST ZIP DITY-ST-7IP Change Add-tion DELETÉ 3.1 TiTLE TITLE STEELE, ELIZABETH M. NAME 9697 E. MINERAL AVENUE 33 STREET ADDRESS STREET ADDRESS **ENGLEWOOD CO** 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE LEWIS, JAY B. NAME 4.3 STREET ADDRESS 9697 E. MINERAL AVENUE STREET ADDRESS ENGLEWOOD CO 4.4 CITY - ST - 7IP CITY - ST- ZIP Criange Addition DELETE 5.1 THLE TITLE JONES, GLENN R. NAME 9697 E. MINERAL AVENUE 5.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD CO 5.4 City - St - ZiP DITY-ST-ZIP Change Addition DELETE 61 THILE TITLE 6.2 NAME **ELLIS, LORRI** 63 STREET ADDRESS 9697 E MINERAL AVENUE STREET ADDRESS 64 CITY - ST - ZIP ELGLEWOOD CO 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address CITY-ST-ZIP

NTEO NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR

303/784-8486

Daybree Phone #

6/7/96