

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

FILED

May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000084770 (5)**

1. Corporation Name

**SCIENTIFIC-ATLANTA LA VENTURE, INC.**



Principal Place of Business <b>2850 GOLF RD. 6TH FLOOR ROLLING MEADOWS IL 60008 US</b>	Mailing Address <b>2850 GOLF RD. 6TH FLOOR ROLLING MEADOWS IL 60008-4060 US</b>
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3. Date Incorporated or Qualified <b>12/13/1993</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>58-2084469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JOHN M.	1.2 NAME	
STREET ADDRESS	2850 GOLF RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOWS IL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, LAWRENCE A.	2.2 NAME	
STREET ADDRESS	2850 GOLF RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOWS IL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEL, DANIEL J.	3.2 NAME	
STREET ADDRESS	2850 W. GOLF RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOW IL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEL, DANIEL J.	4.2 NAME	
STREET ADDRESS	2850 GOLF RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOWS IL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEGAN, JOHN	5.2 NAME	Egan, John M.
STREET ADDRESS	2850 GOLF RD.	5.3 STREET ADDRESS	2850 Golf Rd
CITY - ST - ZIP	ROLLING MEADOW IL	5.4 CITY - ST - ZIP	Rolling Meadows IL
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, LAWRENCE A.	6.2 NAME	
STREET ADDRESS	2850 W. GOLF RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ROLLING MEADOWS IL	6.4 CITY - ST - ZIP	

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 Lawrence A. Margolis Date 4/25/97 Daytime Phone # (847) 439-4444

CR2E034 (9/96)