

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2850 GOLF RD. 6TH FLOOR ROLLY MEADOWS IL 60008 US	Mailing Address 2850 GOLF RD. 6TH FLOOR ROLLING MEADOWS IL 60008 US
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DO NOT WRITE IN THIS SPACE

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
25	30

3. Date Incorporated or Qualified
12/13/1993

4. FEI Number
58-2084469

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EGAN, JOHN M.	
STREET ADDRESS	2850 GOLF RD.	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARGOLIS, LAWRENCE A.	
STREET ADDRESS	2850 GOLF RD.	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DISTEL, DANIEL J.	
STREET ADDRESS	2850 W. GOLF RD	
CITY-ST-ZIP	ROLLING MEADOW IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DISTEL, DANIEL J.	
STREET ADDRESS	2850 GOLF RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGAN, JOHN M	
STREET ADDRESS	2850 GOLF RD.	
CITY-ST-ZIP	ROLLING MEADOW IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARGOLIS, LAWRENCE A.	
STREET ADDRESS	2850 W. GOLF RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Daniel J. Distel* Daniel J. Distel (847) 439-4444

CR2E034 (10/97)