

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004741

Entity Name: ARRIS SOLUTIONS, INC.

Current Principal Place of Business:

3871 LAKEFIELD DR
SUWANEE, GA 30076

FILED
Apr 13, 2017
Secretary of State
CC2083372226

Current Mailing Address:

3871 LAKEFIELD DR
SUWANEE, GA 30076 US

FEI Number: 26-1522408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name POTTS, DAVID B
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

Title VP, TAX AND ASSISTANT
 SECRETARY
Name SHARP, CLAYTON BRANT
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

Title SECRETARY, DIRECTOR, SENIOR
 VICE PRESIDENT
Name MACKEN, PATRICK W
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

Title ASSISTANT SECRETARY
Name CARTER, GAINES
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

Title SENIOR VICE PRESIDENT
Name BRENNAN, JAMES
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

Title DIRECTOR, VP, TREASURER
Name MOORE JR, JAMES DOUGLAS
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

Title EXECUTIVE VICE PRESIDENT
Name ROBINSON, LAWRENCE
Address 3871 LAKEFIELD DR
City-State-Zip: SUWANEE GA 30076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK W MACKEN

SECRETARY

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date