2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003279

Entity Name: JDS UNIPHASE CORPORATION

FILED Aug 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
430 NORTH MCCARTHY BOULEVARD MILPITAS, CA 95035				430 NORTH MCCARTHY BOULEVARD MILPITAS, CA 95035 US		
Current Mailing Address:				New Mailing Address:		
430 NORTH MCCARTHY BOULEVARD MILPITAS, CA 95035			430 NORTH MCCARTHY BOULEVARD MILPITAS, CA 95035 US			
FEI Number:	El Number: 94-2579683 FEI Number Applied For () FEI Number		mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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.						
SIGNATUR						
	Electronic	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	KAPLAN, MARTII	CARTHY BOULEVARD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	KENNEDY, KEVI	CARTHY BOULEVARD		Title: Name: Address: City-St-Zip:	KENNEDY, KI	ACCARTHY BOULEVARD
Title: Name: Address: City-St-Zip:	DEWEES, CHRIS	CARTHY BOULEVARD		Title: Name: Address: City-St-Zip:	DEWEES, CH	MCCARTHY BOULEVARD
Title: Name: Address: City-St-Zip:	CASIMIR, SKRZ	CARTHY BOULEVARD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	GUGLIELMI, PET	CARTHY BOULEVARD		Title: Name: Address: City-St-Zip:	DAY, BRUCE	MCCARTHY BOULEVARD
Title: Name: Address: City-St-Zip:	DAY, BRUCE D	Delete CARTHY BOULEVARD 5035 US		Title: Name: Address: City-St-Zip:	COVERT, HAI	ICCARTHY BLVD.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER DEWEES S 08/27/2007