2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F00000003279

City-St-Zip:

Title:

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430 NORTH MCCARTHY BOULEVARD MILPITAS CA 9

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FILED Jul 14, 2009 Secretary of State

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Entity Nar	ne: JDS UN	IIPHASE CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
	H MCCARTI CA 95035	HY BOULEVARD US					
Current Mailing Address:				New Mailing Address:			
	H MCCARTI CA 95035	HY BOULEVARD US					
FEI Number:	94-2579683	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired	()
Name and	Address of	Current Registered Agent:		Name and	Address o	of New Registered Agent:	
1200 SOU	ORATION S TH PINE ISL ON, FL 3332	AND ROAD					
	named entity of Florida.	y submits this statement for the	purpose o	f changing it	ts registere	d office or registered agent, o	r both,
SIGNATUR	RE:						
	Electro	onic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	MARTIN	() Delete MCCARTHY BOULEVARD MILPITAS A 95035 US	CA 9	Title: Name: Address: City-St-Zip:		(X) Change () Addition ARTIN I MCCARTHY BOULEVARD CA 95035 US	
Title: Name: Address: City-St-Zip:	THOMAS	() Delete MCCARTHY BOULEVARD MILPITAS A 95035 US	CA 9	Title: Name: Address: City-St-Zip:		(X) Change()Addition R, THOMAS I MCCARTHY BOULEVARD CA 95035 US	
Title: Name: Address:	MATTHEW	() Delete	CA 9	Title: Name: Address:		(X) Change()Addition MATTHEW K I MCCARTHY BOULEVARD	

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MILPITAS, CA 95035 US

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430 NORTH MCCARTHY BOULEVARD

430 NORTH MCCARTHY BOULEVARD

SIGNATURE: MATTHEW K FAWCETT S 07/14/2009