


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0013696 MB

DOCUMENT # F01000003897

1. Entity Name
UTSTARCOM, INC.



FILED
03 FEB 21 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1275 HARBOUR BAY PARKWAY, SUITE 100 ALAMEDA CA 94502**

Mailing Address: **1275 HARBOUR BAY PARKWAY, SUITE 100 ALAMEDA CA 94502**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number: **52-1782500** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P LU, HONG LIANG	<input type="checkbox"/> Delete
STREET ADDRESS	1275 HARBOUR BAY PARKWAY, SUITE 100	
CITY-ST-ZIP	ALAMEDA CA 94502	
TITLE NAME	V WU, YING	<input type="checkbox"/> Delete
STREET ADDRESS	CNT MANHATTAN BLD. #6 CHAO YANG MEN BDJ ST	
CITY-ST-ZIP	BEIJING, 100027, CHINA	
TITLE NAME	CD SON, MASAYOSHI	<input type="checkbox"/> Delete
STREET ADDRESS	24-1 NIHONBASHI-HAKOZAKICHO CHUO-KU	
CITY-ST-ZIP	TOKYO 1038501, JAPAN	
TITLE NAME	ST SOPHIE, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	1275 HARBOUR BAY PARKWAY, SUITE 100	
CITY-ST-ZIP	ALAMEDA CA 94502	
TITLE NAME	D TOY, THOMAS J	<input type="checkbox"/> Delete
STREET ADDRESS	1275 HARBOUR BAY PARKWAY, SUITE 100	
CITY-ST-ZIP	ALAMEDA CA 94502	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	BETTY CHOW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1275 Harbour Bay Parkway, Alameda, CA 94502	
CITY-ST-ZIP		
TITLE NAME	D LARRY HORNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1275 Harbour Bay Parkway, Alameda, CA 94502	
CITY-ST-ZIP		
TITLE NAME	D BETSY ATKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1275 Harbour Bay Parkway, Alameda, CA 94502	
CITY-ST-ZIP		
TITLE NAME	500012963135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	02/21/03--01072--010 **158.75	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **2/18/2003** **510-8648800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)