


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90008 013 \*\*\*150.00

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DOCUMENT # F01000003897			
1. Entity Name UTSTARCOM, INC.			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1782500		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 <i>Naseem A. Conde</i>		NASEEM A. CONDE SPECIAL ASST. SECRETARY 1.15.04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LU, HONG LIANG 1275 HARBOUR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS BETSY 1275 Harbor Bay Parkway Alameda, CA 94502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WU, YING CNT MANHATTAN BLD. #6 CHAO YANG MEN BDJ ST BEIJING, 100027, CHINA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNER LARRY 1275 Harbor Bay Parkway Alameda, CA 94502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SON, MASAYOSHI 24-1 NIHONBASHI-HAKOZAKICHO CHUO-KU TOKYO 1038501, JAPAN, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELIPE, KEITH SAN 1275 Harbor Bay Parkway Alameda, CA 94502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOPHIE, MICHAEL 1275 HARBOUR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D WU, YING 10F Tower E2, oriental Plaza Beijing 1000738 P.R. China <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOY, THOMAS J 1275 HARBOUR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHOW, BETTY 1275 HARBOUR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: <i>Russell L. B. Harold</i>		Russell L. B. Harold, General Counsel 1/14/04 864-880-510- Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			