


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90022 012 \*\*\*150.00

**DOCUMENT # F01000003897**

1. Entity Name  
**UTSTARCOM, INC.**



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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1275 HARBOR BAY PKWY**      **1275 HARBOR BAY PKWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 100**      **SUITE 100**  
 City & State      City & State

Zip      Country      Zip      Country

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

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

1st MOORE      CR2E034 (10/07)



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 re-registering)  
 Signature, typed or printed name of registered agent (check one if applicable)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LU, HONG LIANG</b> <b>1275 HARBOUR BAY PARKWAY, SUITE 100</b> <b>ALAMEDA CA 94502</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>BARTON, FRAN</b> <b>1275 HARBOUR BAY PARKWAY, SUITE 100</b> <b>ALAMEDA CA 94502</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVGC</b> <b>BOLTWOOD, RUSSELL</b> <b>1275 HARBOR BAY PARKWAY</b> <b>ALAMEDA CA 94502</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORNER, LARRY D</b> <b>705 MARTENS CT., PMB 41-107</b> <b>LAREDO TX 78041</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOY, THOMAS J</b> <b>1275 HARBOUR BAY PARKWAY, SUITE 100</b> <b>ALAMEDA CA 94502</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FELIPE, KEITH</b> <b>1275 HARBOR BAY PARKWAY</b> <b>ALAMEDA CA 94502</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>BLACKMORE, PETER</b> <b>1275 HARBOR BAY PKWY, STE 100</b> <b>ALAMEDA, CA 94502</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY, GENERAL COUNSEL</b> <b>MARSH, SUSAN</b> <b>1275 HARBOR BAY PKWY, STE 100</b> <b>ALAMEDA, CA 94502</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR V.P.</b> <b>KING, DAVID</b> <b>1275 HARBOR BAY PKWY, STE 100</b> <b>ALAMEDA, CA 94502</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **FRAN BARTON**      **2/19/08**      **510-864-8800**

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