

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 010 ***150.00

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1. Entity Name
NETWORK EQUIPMENT TECHNOLOGIES, INC.

Principal Place of Business
**6900 PASEO PADRE PKWY
 FREMONT, CA 94555 US**

Mailing Address
**6900 PASEO PADRE PKWY
 FREMONT, CA 94555 US**

60061441



01172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

94-2904044

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST., #105
 TALLAHASSEE, FL 32301**

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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **WHYTE, HUBERT A**
 STREET ADDRESS **6900 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT, CA 94555**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VS** Delete
 NAME **SLATTERY, FRANK**
 STREET ADDRESS **6900 PASEO PADRE PARKWAY**
 CITY-ST-ZIP **FREMONT, CA 94555**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **AS** Delete
 NAME **VOGELSANG, RUTH M**
 STREET ADDRESS **6900 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT, CA 94555**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **LAUBE, DAVID R**
 STREET ADDRESS **6900 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT, CA 94555**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **DOLL, DIXON R**
 STREET ADDRESS **6900 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT, CA 94555**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **KEATING, C. NICHOLAS**
 STREET ADDRESS **6900 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT, CA 94555**

TITLE **DP** Change Addition
 NAME **KEATING, C. NICHOLAS, JR**
 STREET ADDRESS **6900 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT, CA 94555**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *R. R. Vogel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 March 2006
 Date

560 574 4196
 Daytime Phone #