

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001777 (1)**

1. Corporation Name

NETWORK EQUIPMENT TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

800 SAGINAW DR.
REDWOOD CITY CA 94063

800 SAGINAW DR.
REDWOOD CITY CA 94063

2. Principal Place of Business

2a. Mailing Address

21 Site, Apt. #, etc.

26 Site, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

3a. Date of Last Report

03/11/1994

02/21/1995

4. FEI Number

Applied For

94-2904044

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.027 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.026, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11a. TITLE	11b. NAME	11c. STREET ADDRESS	11d. CITY, STATE, ZIP	11e. TITLE	11f. NAME	11g. STREET ADDRESS	11h. CITY, STATE, ZIP	11i. TITLE	11j. NAME	11k. STREET ADDRESS	11l. CITY, STATE, ZIP	11m. TITLE	11n. NAME	11o. STREET ADDRESS	11p. CITY, STATE, ZIP
	D	BALDWIN, ROBERT H	C/O NET 800 SAGINAW DR. REDWOOD CITY CA	<input checked="" type="checkbox"/> DELETE											
	DC	ARNOLD, JOHN B	C/O NET 800 SAGINAW DR. REDWOOD CITY CA	<input type="checkbox"/> DELETE											
	D	GILL, WALTER J	C/O NET 800 SAGINAW DR. REDWOOD CITY CA	<input type="checkbox"/> DELETE											
	D	PETERSON, DUWAYNE J. J	N.E.T. 800 SAGINAW DRIVE REDWOOD CITY CA	<input checked="" type="checkbox"/> DELETE											
	D	VIGILANTE, FRANK S	N.E.T. 800 SAGINAW DRIVE REDWOOD CITY CA	<input type="checkbox"/> DELETE											
	VTS	GENTNER, CRAIG M	C/O NET 800 SAGINAW DR. REDWOOD CITY CA	<input type="checkbox"/> DELETE											

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	13b. NAME	13c. STREET ADDRESS	13d. CITY, STATE, ZIP	13e. TITLE	13f. NAME	13g. STREET ADDRESS	13h. CITY, STATE, ZIP	13i. TITLE	13j. NAME	13k. STREET ADDRESS	13l. CITY, STATE, ZIP	13m. TITLE	13n. NAME	13o. STREET ADDRESS	13p. CITY, STATE, ZIP
D/P	Francesconi, Joseph J.	c/o N.E.T., 800 Saginaw Drive	Redwood City, CA 94063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition											
	D	Dutton, James K.	c/o N.E.T., 800 Saginaw Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition											
				<input type="checkbox"/> Change <input type="checkbox"/> Addition											

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed or to be added in connection with an address.

SIGNATURE:

Craig M. Gentner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

(405) 366-4400

CR2E034 (12/95)