

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000001777 (1)**

1. Corporation Name  
**NETWORK EQUIPMENT TECHNOLOGIES, INC.**



Principal Place of Business  
**800 SAGINAW DR.  
REDWOOD CITY CA 94063**

Mailing Address  
**800 SAGINAW DR.  
REDWOOD CITY CA 94063-4740**

3. Date Incorporated or Qualified <b>03/11/1994</b>	3a. Date of Last Report <b>02/15/1996</b>
4. FEI Number <b>94-2904044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent  
**PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANCESCONI, JOSEPH J.	
STREET ADDRESS	C/O NET, 800 SAGINAW DRIVE	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, JOHN B	
STREET ADDRESS	C/O NET 800 SAGINAW DR.	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, WALTER J	
STREET ADDRESS	C/O NET 800 SAGINAW DR.	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTTON, JAMES K.	
STREET ADDRESS	N.E.T. 800 SAGINAW DRIVE	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIGILANTE, FRANK S	
STREET ADDRESS	N.E.T. 800 SAGINAW DRIVE	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	GENTNER, CRAIG M	
STREET ADDRESS	C/O NET 800 SAGINAW DR.	
CITY-ST-ZIP	REDWOOD CITY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DE GOLIA, JAMES B.
2.3 STREET ADDRESS	C/O N.E.T., 800 SAGINAW DRIVE
2.4 CITY-ST-ZIP	REDWOOD CITY, CA 94063
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *J. B. DeGolia* DATE: *2/3/97* DAYTIME PHONE #: *415-780-5066*

CR2E034 (9/96)