

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **6500 Paseo Padre Parkway**
Suite, Apt #, etc.
22
City & State
23 **Fremont, CA**
Zip
24 **94555** Country
25 **USA**

2a. Mailing Address
26 **same as 2.**
Suite, Apt #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified
03/11/1994

4. FEI Number
94-2904044 Applied For
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

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 - 6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA - FREMONT, CA 94555	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DE GOLIA, JAMES B.	
STREET ADDRESS	C/O NET-800 SAGINAW DR. 6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA - FREMONT, CA 94555	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, WALTER J	
STREET ADDRESS	C/O NET 800 SAGINAW DR. 6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA - FREMONT, CA 94555	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUTTON, JAMES K.	
STREET ADDRESS	N.E.T. 800 SAGINAW DRIVE 6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA - FREMONT, CA 94555	
TITLE	D	<input checked="" 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. 6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA - FREMONT CA 94555	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCALISE, GEORGE M.	
1.3 STREET ADDRESS	C/O N.E.T., 6500 PASEO PADRE PARKWAY	
1.4 CITY-ST-ZIP	FREMONT, CA 94555	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EZEKIEL, SAMUEL H.	
2.3 STREET ADDRESS	C/O N.E.T., 6500 PASEO PADRE PARKWAY	
2.4 CITY-ST-ZIP	FREMONT, CA 94555	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHUMACHER, G. MICHAEL	
3.3 STREET ADDRESS	C/O N.E.T., 6500 PASEO PADRE PARKWAY	
3.4 CITY-ST-ZIP	FREMONT, CA 94555	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHIVERICK, CHARLES S.	
4.3 STREET ADDRESS	C/O N.E.T., 6500 PASEO PADRE PARKWAY	
4.4 CITY-ST-ZIP	FREMONT, CA 94555	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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.

CR2E034 (10/97)