

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90188 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000001777**

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



Principal Place of Business Mailing Address  
**6500 PASEO PADRE PKWY** **6500 PASE PADRE PKWY**  
**FREMONT CA 94555** **FREMONT CA 94555**  
**US** **US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**03/11/1994**  
 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 owes the current year Intangible Personal Property Tax.  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  
 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 607.0502 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	C
NAME	FRANCESCONI, JOSEPH J.	1.2 NAME	WOLF, HANS A.
STREET ADDRESS	6500 PASEO PKWY	1.3 STREET ADDRESS	6500 PASEO PADRE PARKWAY
CITY-ST-ZIP	FREMONT CA 98455	1.4 CITY-ST-ZIP	FREMONT, CA 94555
TITLE	V	2.1 TITLE	V/ASST. S
NAME	DE GOLIA, JAMES B.	2.2 NAME	BARNEY, ROGER A.
STREET ADDRESS	6500 PASEO PADRE PKWY	2.3 STREET ADDRESS	6500 PASEO PADRE PARKWAY
CITY-ST-ZIP	FREMONT CA 94555	2.4 CITY-ST-ZIP	FREMONT, CA 94555
TITLE	D	3.1 TITLE	D
NAME	GILL, WALTER J	3.2 NAME	DOLL, DIXON R.
STREET ADDRESS	6500 PASEO PADRE PKWY	3.3 STREET ADDRESS	6500 PASEO PADRE PARKWAY
CITY-ST-ZIP	FREMONT CA 94555	3.4 CITY-ST-ZIP	FREMONT, CA 94555
TITLE	D	4.1 TITLE	D
NAME	DUTTON, JAMES K.	4.2 NAME	SCALISE, GEORGE M.
STREET ADDRESS	6500 PASEO PADRE PKWY	4.3 STREET ADDRESS	6500 PASEO PADRE PARKWAY
CITY-ST-ZIP	FREMONT CA 94555	4.4 CITY-ST-ZIP	FREMONT, CA 94555
TITLE	VTS	5.1 TITLE	
NAME	GENTNER, CRAIG M	5.2 NAME	
STREET ADDRESS	6500 PASEO PADRE PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94555	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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CITY-ST-ZIP	FREMONT CA 94555	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: Roger A. Barney Roger A. Barney 4/30/99 510/713-7300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)