

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90022 023 \*\*\*150.00

**DOCUMENT # F94000001777**

1. Entity Name

**NETWORK EQUIPMENT TECHNOLOGIES, INC.**

Principal Place of Business

Mailing Address

**6500 PASEO PADRE PKWY  
 FREMONT CA 94555  
 US**

**6500 PASE PADRE PKWY  
 FREMONT CA 94555  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**94-2904044**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FRANCESCONI, JOSEPH J.	
STREET ADDRESS	6500 PASEO PKWY	
CITY-ST-ZIP	FREMONT CA 98455	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARNEY, ROGER A	
STREET ADDRESS	6500 PASEO PADRE PKWY	
CITY-ST-ZIP	FREMONT CA 94555	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, WALTER J	
STREET ADDRESS	6500 PASEO PADRE PKWY	
CITY-ST-ZIP	FREMONT CA 94555	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTTON, JAMES K.	
STREET ADDRESS	6500 PASEO PADREE PKWY	
CITY-ST-ZIP	FREMONT CA 94555	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLL, DIXON R	
STREET ADDRESS	6500 PASEO PADRE PKWY	
CITY-ST-ZIP	FREMONT CA 94555	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCALISE, GEORGE M	
STREET ADDRESS	6500 PASEO PADRE PKWY	
CITY-ST-ZIP	FREMONT CA 94555	

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBERT A.J. WHYTE	
STREET ADDRESS	6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	FREMONT, CA 94555	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ANN MORAN	
STREET ADDRESS	6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP	FREMONT, CA 94555	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6500 PASEO PADRE PARKWAY	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*MARY ANN MORAN*

3/24/00

510-574-2793

CFR2E034 (9/99)