

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91000 025 \*\*\*150.00

**DOCUMENT # F94000001777**

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

Principal Place of Business <b>6500 PASEO PADRE PKWY          FREMONT CA 94555          US</b>	Mailing Address <b>6500 PASE PADRE PKWY          FREMONT CA 94555          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6530 PASEO PADRE PKWY</b> Suite, Apt. #, etc.	3. Mailing Address <b>6530 PASEO PADRE PKWY</b> Suite, Apt. #, etc.
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City & State <b>FREMONT CA</b>	City & State <b>FREMONT CA</b>	4. FEI Number <b>94-2904044</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>94555</b>	Country <b>USA</b>	Zip <b>94555</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**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	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WHYTE, HUBERT A</b> <b>6500 PASEO PADRE PARKWAY</b> <b>FREMONT CA 94555</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WHYTE, HUBERT A.</b> <b>6530 PASEO PADRE PARKWAY</b> <b>FREMONT CA 94555</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>MORAN, MARY A</b> <b>6500 PASEO PADRE PARKWAY</b> <b>FREMONT, CA 94555</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>BATTY, JOHN C.</b> <b>6530 PASEO PADRE PARKWAY</b> <b>FREMONT CA 94555</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILL, WALTER J</b> <b>6500 PASEO PADRE PKWY</b> <b>FREMONT CA 94555</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>VOGELSANG, RUTH M.</b> <b>6530 PASEO PADRE PARKWAY</b> <b>FREMONT, CA 94555</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUTTON, JAMES K.</b> <b>6500 PASEO PADRE PARKWAY</b> <b>FREMONT CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUTTON, JAMES K.</b> <b>6530 PASEO PADRE PARKWAY</b> <b>FREMONT, CA 94555</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLL, DIXON R</b> <b>6500 PASEO PADRE PKWY</b> <b>FREMONT CA 94555</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLL, DIXON R.</b> <b>6530 PASEO PADRE PARKWAY</b> <b>FREMONT, CA 94555</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCALISE, GEORGE M</b> <b>6500 PASEO PADRE PKWY</b> <b>FREMONT CA 94555</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ruth M. Vogelsang* *Ruth M. Vogelsang* 4-26-01 510-574-4196

CR2E034 (10/00)