

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006278

FILED
Mar 26, 2012
Secretary of State

Entity Name: ALCATEL-LUCENT MANAGED SOLUTIONS LLC

Current Principal Place of Business:

600 MOUNTAIN AVENUE
ROOM 6B334
MURRAY HILL, NJ 07974

New Principal Place of Business:

Current Mailing Address:

800 NORTH POINT PARKWAY
ATTN: BUSINESS LICENSE DEPT
ALPHARETTA, GA 30005

New Mailing Address:

800 N POINT PARKWAY
ATTN: BUSINESS LICENSE
ALPHARETTA, GA 30005

FEI Number: 20-4285292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: URBINA, RENE
Address: 800 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR
Name: MAUER, DAVID
Address: 600-700 MOUNTAIN AVENUE
City-St-Zip: MURRAY HILL, NJ 07974

Title: MGR
Name: CAMPBELL, RICHARD
Address: 3400 W PLANO PKWY
City-St-Zip: PLANO, TX 75075

Title: MGR
Name: BATTLE, DORIS
Address: 800 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR
Name: VICKERS, JAMES
Address: 800 NORTH POINT PARKWAY
City-St-Zip: ALPHARETTA, GA 30005

Title: AS
Name: GELSI, MARGARET
Address: 600-700 MOUNTAIN AVENUE
City-St-Zip: MURRAY HILL, NJ 07974

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DORIS BATTLE

MGR

03/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date