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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000109 (6)**

1. Corporation Name
LUCENT TECHNOLOGIES INC.

Principal Place of Business	Mailing Address
412 MT. KEMBLE AVE ROOM S-245 MORRISTOWN NJ 07962	412 MT. KEMBLE AVE ROOM S-245 MORRISTOWN NJ 07960-6654

3. Date Incorporated or Qualified: 12/29/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

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

4. FEI Number: 22-3408857 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WASSER, MARILYN J		1.2 NAME	
STREET ADDRESS	9 CHARLOTTE HILL DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	BERNARDSVILLE NJ 07924		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAVEN, PAMELA F		2.2 NAME	
STREET ADDRESS	28 NORMANDY CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE NJ 07920		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BERG, MICHAEL		3.2 NAME	
STREET ADDRESS	5 MURPHY CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	W ORANGE NJ 07052		3.4 CITY-ST-ZIP	
TITLE	A/S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	IMBROGNO, RAYMOND		4.2 NAME	
STREET ADDRESS	412 MT. KEMBLE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE (S) _____ SIGNATURE REQUIRED
RAYMOND IMBROGNO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

201-683-0441
Daytime Phone #