

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000109

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: LUCENT TECHNOLOGIES INC.

## Current Principal Place of Business:

600 MOUNTAIN AVENUE  
ROOM 3C 515  
MURRAY HILL, NJ 07974 US

## New Principal Place of Business:

## Current Mailing Address:

800 NORTH POINT PARKWAY  
ROOM 83N380F  
APHARETTA, GA 30005 US

## New Mailing Address:

FEI Number: 22-3408857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SVGC ( ) Delete  
Name: RAWSON, RICHARD J  
Address: 600-700 MOUNTAIN AVE., ROOM 6C313  
City-St-Zip: MURRAY HILL, NJ 07974

Title: VGTG ( ) Delete  
Name: CARAPEZZI, WILLIAM R JR  
Address: 600-700 MOUNTAIN AVE. ROOM 6C316  
City-St-Zip: MURRAY HILL, NJ 07974

Title: PCEO ( ) Delete  
Name: RUSSO, PATRICIA F  
Address: 600-700 MOUNTAIN AVE. ROOM 6C333  
City-St-Zip: MURRAY HILL, NJ 07974

Title: VCOO ( ) Delete  
Name: CHRISTY, CINDY K  
Address: 67 WHIPPANY RD. ROOM 4A342  
City-St-Zip: WHIPPANY, NJ 07981

Title: C ( ) Delete  
Name: SCHACHT, HENRY  
Address: 600-700 MOUNTAIN AVE. ROOM 6C361  
City-St-Zip: MURRAY HILL, NJ 07974

Title: AS ( ) Delete  
Name: URBINA, RENE  
Address: 800 NORTH POINT PKWY  
City-St-Zip: ALPHARETTA, GA 30005

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change ( ) Addition  
Name: BATTLE, DORIS  
Address: 800 NORTH POINT PKWY  
City-St-Zip: ALPHARETTA, GA 30005

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS BATTLE

AS

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date