

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B99000000084

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -2 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **B99000000084**

1. Name of Limited Partnership

AT&T NETWORK PROCUREMENT LP

2000

2. Principal Office Address

ONE AT&T WAY

Suite, Apt. #, etc.

3. Mailing Office Address

ONE AT&T WAY

Suite, Apt. #, etc.

ROOM 4A235

City & State

BEDMINSTER, NJ

City & State

BEDMINSTER, NJ

Zip

07921

Country

USA

Zip

07921

Country

USA

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Sohan Dindyal

Sohan Dindyal

DATE

02/24/05

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration Document Number

AT&T-Network Procurement Management LLC

ONE AT&T WAY

**BEDMINSTER, NJ
07921**

mg9000000254

REINSTATEMENT

100047982031
03/08/05--01030--008 **3847.50
2000-2005

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Beth Sosiska

DATE

1/27/05

Typed or Printed Name of General Partner Signing Form

BETH SOSISKA

Telephone Number

(908) 234-8857

CR039 (10/02)