2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Jan 30, 2007 08:00 AM Secretary of State DOCUMENT # B99000000084 1. Entity Name AT&T NETWORK PROCUREMENT LP Principal Place of Business Mailing Address ONE AT&T WAY, ROOM 4A235 ONE AT&T WAY, ROOM 4A235 BEDMINSTER, NJ 07921 BEDMINSTER, NJ 07921 01152007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3627536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner 12. GENERAL PARTNER INFORMATION M99000000254 DOCUMENT # NAME AT&T NETWORK PROCUREMENT MANAGEMENT LLC STREET ADDRESS ONE AT&T WAY, ROOM 4A235 CITY-ST-ZIP BEDMINSTER, NJ 07921 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZtP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADORESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

23

908