2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# F00000006766

Entity Name: AGERE SYSTEMS INC.

Current Principal Place of Business:

1110 AMERICAN PARKWAY NE
ROOM 12D 325D
ALLENTOWN, PA 18109

New Principal Place of Business:

Current Mailing Address:

1110 AMERICAN PARKWAY NE
ROOM 12D 325D
ALLENTOWN, PA 18109

New Mailing Address:

1621 BARBER LANE
AD 105
MILPITAS, CA 95035

FEI Number: 22-3746606 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RANKIN, JEAN F
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

Title: VP ( ) Delete
Name: BENTO, PAUL
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

Title: VP ( ) Delete
Name: GILBERT, JONATHAN
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

Title: CFO ( ) Delete
Name: LOOK, BRYON
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

Title: T ( ) Delete
Name: BROWN, ROBERT A
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

Title: AS ( ) Delete
Name: VITALE, JOSEPH
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: RANKIN, JEAN F
Address: 1110 AMERICAN PARKWAY NE
City-St-Zip: ALLENTOWN, PA 18109

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 exemption stated in Chapter 119, 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: MOLLY HALL PARA 07/16/2008

Electronic Signature of Signing Officer or Director — Date