2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006766

Entity Name: AGERE SYSTEMS INC

FILED Apr 29, 2009 Secretary of State

Littly Name. AGERE 3131 ENG INC.						
Current Principal Place of Business:				New Principal Place of Business:		
1110 AMERICAN PARKWAY NE ROOM 12D 325D ALLENTOWN, PA 18109				1110 AMERICAN PARKWAY NE ROOM 12D 325D ALLENTOWN, PA 18109 US		
Current Mailing Address:				New Mailing Address:		
1621 BARBER LANE AD 105 MILPITAS, CA 95035			1621 BARBER LANE AD 105 MILPITAS, CA 95035 US			
FEI Number:		FEI Number Applied For ()	FEI Nun	nber Not Appl		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS	S STREET SSEE, FL 323					
	named entity of Florida.	submits this statement for the p	urpose o	f changing i	ts registere	d office or registered agent, or both,
SIGNATUR	RE:					
	Electro	nic Signature of Registered Age	nt			Date
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGI	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	RANKIN, JEAN	N PARKWAY NE		Title: Name: Address: City-St-Zip:		(X) Change () Addition ICAN PARKWAY NE N, PA 18109 US
Title: Name: Address: City-St-Zip:	BENTO, PAUL) Delete N PARKWAY NE PA 18109		Title: Name: Address: City-St-Zip:		(X) Change()Addition ICAN PARKWAY NE N, PA 18109 US
Title: Name: Address: City-St-Zip:	GILBERT, JON	N PARKWAY NE		Title: Name: Address: City-St-Zip:		(X) Change()Addition ICAN PARKWAY NE N, PA 18109 US
Title: Name: Address: City-St-Zip:	LOOK, BRYON	N PARKWAY NE		Title: Name: Address: City-St-Zip:		(X) Change()Addition ICAN PARKWAY NE N, PA 18109 US
Title: Name: Address: City-St-Zip:	BROWN, ROB	N PARKWAY NE		Title: Name: Address: City-St-Zip:		(X) Change ()Addition ICAN PARKWAY NE N, PA 18109 US
Title: Name: Address: City-St-Zip:	VITALE, JOSE	N PARKWAY NE		Title: Name: Address: City-St-Zip:		() Change () Addition

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: JEAN F RANKIN V 04/29/2009