## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F00000006766

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jul 14, 2009 Secretary of State

Entity Name: AGERE SYSTEMS INC. **Current Principal Place of Business: New Principal Place of Business:** 1110 AMERICAN PARKWAY NE **ROOM 12D 325D** ALLENTOWN, PA 18109 **New Mailing Address: Current Mailing Address:** 1621 BARBER LANE AD 105 MILPITAS, CA 95035 US FEI Number: 22-3746606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition RANKIN, JEAN F Name: **JEAN** Name: 1110 AMERICAN PARKWAY NE 1110 AMERICAN PARKWAY NE Address: Address: City-St-Zip: ALLENTOWN, PA 18109 US City-St-Zip: ALLENTOWN, PA 18109 US ( ) Delete Title: Title: (X) Change ( ) Addition **PAUL** Name: Name: BENTO, PAUL 1110 AMERICAN PARKWAY NE 1110 AMERICAN PARKWAY NE Address: Address: ALLENTOWN, PA 18109 US ALLENTOWN, PA 18109 US City-St-Zip: City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: V Title: JONATHAN GILBERT, JONATHAN Name: Name: 1110 AMERICAN PARKWAY NE 1110 AMERICAN PARKWAY NE Address: Address: ALLENTOWN, PA 18109 US City-St-Zip: ALLENTOWN, PA 18109 US 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: JEAN F RANKIN ٧ 07/14/2009

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1110 AMERICAN PARKWAY NE

ALLENTOWN, PA 18109 US

1110 AMERICAN PARKWAY NE

ALLENTOWN, PA 18109 US

**BRYON** 

ROBERT

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LOOK, BRYON

BROWN, ROBERT A

1110 AMERICAN PARKWAY NE

1110 AMERICAN PARKWAY NE

ALLENTOWN, PA 18109 US

ALLENTOWN, PA 18109 US