2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005784

Entity Name: AVAYA MANAGEMENT SERVICES INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
211 MOUNT AIRY ROAD BASKING RIDGE, NJ 07920					
Current Mailing Address:				New Mailing Address:	
211 MOUNT AIRY ROAD ROMM 1C604 BASKING RIDGE, NJ 07920				211 MOUNT AIRY ROAD ROOM 1C519 BASKING RIDGE, NJ 07920	
FEI Number:	52-2229358	FEI Number Applied For ()	FEI Num	nber 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:					
		Signature of Registered Agent	t		Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ()E HAMILTON, SCO 211 MT. AIRY RO BASKING RIDGE	PAD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CPSD ()E MAHR, FRANK J 211 MOUNT AIRY BASKING RIDGE			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () E BOOHER, MATTH 211 MT. AIRY RO BASKING RIDGE	PAD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () E EPPRECHT, SAN 211 MT. AIRY RE BASKING RIDGE	1		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () E LAGO, LORRAINI 211 MT AIRY RD BASKING RIDGE			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AS () E SENHOLZI, ROS 211 MT AIRY RD BASKING RIDGE			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: SANDRA EPPRECHT AS 02/03/2009