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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002140 (0)

1. Corporation Name
LUCENT TECHNOLOGIES CONSTRUCTION SERVICES, INC.



Principal Place of Business Mailing Address
412 MT. KEMBLE AVE. ROOM S-245 MORRISTOWN NJ 07962 **412 MT. KEMBLE AVE. ROOM S-245 MORRISTOWN NJ 07960-6654**

3. Date Incorporated or Qualified **05/02/1995** 3a. Date of Last Report **05/01/1996**
4. FEI Number **58-2124354** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUGES, DUANE L.	
STREET ADDRESS	475 SOUTH STREET	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IMBROGNO, RAYMOND	
STREET ADDRESS	412 MT. KEMBLE AVE.	
CITY-ST-ZIP	MORRISTOWN NJ 07962	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, ROY F.	
STREET ADDRESS	4725 RIVER GREEN PKWY	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	VSTT	<input checked="" type="checkbox"/> DELETE
NAME	HITCHCOCK, DAVID W	
STREET ADDRESS	4725 RIVER GREEN PKWY	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, CAROLYN S	
STREET ADDRESS	475 RIVER GREEN PKWY	
CITY-ST-ZIP	DULUTH GA 30136	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERGBOWER, ROBERT J.	
STREET ADDRESS	8615 FREEPOPRT PKWY.	
CITY-ST-ZIP	IRVING TX 75063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERALD P. LEWIS	
1.3 STREET ADDRESS	4725 RIVER GREEN PARKWAY	
1.4 CITY-ST-ZIP	DULUTH GEORGIA 30136	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEVEN M. HOWARD	
2.3 STREET ADDRESS	4725 RIVER GREEN PARKWAY	
2.4 CITY-ST-ZIP	DULUTH GEORGIA 30136	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RAY IMBROGNO **RAY IMBROGNO** Date 201-683-0441 Daytime Phone #

CR2E034 (9/96)