

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**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 07960-0654**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUGES, DUANE L.</b>	1.2 NAME	<b>GERALD P. LEWIS</b>
STREET ADDRESS	<b>475 SOUTH STREET</b>	1.3 STREET ADDRESS	<b>4725 RIVER GREEN PARKWAY</b>
CITY-ST-ZIP	<b>MORRISTOWN NJ 07960</b>	1.4 CITY-ST-ZIP	<b>DULUTH GEORGIA 30136</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IMBROGNO, RAYMOND</b>	2.2 NAME	<b>STEVEN M. HOWARD</b>
STREET ADDRESS	<b>412 MT. KEMBLE AVE.</b>	2.3 STREET ADDRESS	<b>4725 RIVER GREEN PARKWAY</b>
CITY-ST-ZIP	<b>MORRISTOWN NJ 07962</b>	2.4 CITY-ST-ZIP	<b>DULUTH GEORGIA 30136</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTZ, ROY F.</b>	3.2 NAME	
STREET ADDRESS	<b>4725 RIVER GREEN PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DULUTH GA 30136</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VSTT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HITCHCOCK, DAVID W</b>	4.2 NAME	
STREET ADDRESS	<b>4725 RIVER GREEN PKWY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DULUTH GA 30136</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, CAROLYN S</b>	5.2 NAME	
STREET ADDRESS	<b>475 RIVER GREEN PKWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DULUTH GA 30136</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGBOWER, ROBERT J.</b>	6.2 NAME	
STREET ADDRESS	<b>8615 FREEPOPRT PKWY.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IRVING TX 75063</b>	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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 201-683-0441 Daytime Phone #

CR2E034 (9/96)