

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000109

FILED
Apr 13, 2006
Secretary of State

Entity Name: LUCENT TECHNOLOGIES INC.

Current Principal Place of Business:

600 MOUNTAIN AVENUE
ROOM 3C 515
MURRAY HILL, NJ 07974 US

New Principal Place of Business:

Current Mailing Address:

800 NORTH POINT PARKWAY
ROOM 83N380F
APHARETTA, GA 30005 US

New Mailing Address:

800 NORTH POINT PARKWAY
ROOM 83N370G
APHARETTA, GA 30005 US

FEI Number: 22-3408857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: BATTLE, DORIS
Address: 800 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30005

Title: VGT () Delete
Name: CARAPEZZI, WILLIAM R JR
Address: 600-700 MOUNTAIN AVE. ROOM 6C316
City-St-Zip: MURRAY HILL, NJ 07974

Title: PCEO () Delete
Name: RUSSO, PATRICIA F
Address: 600-700 MOUNTAIN AVE. ROOM 6C333
City-St-Zip: MURRAY HILL, NJ 07974

Title: VCOO () Delete
Name: CHRISTY, CINDY K
Address: 67 WHIPPANY RD. ROOM 4A342
City-St-Zip: WHIPPANY, NJ 07981

Title: C () Delete
Name: SCHACHT, HENRY
Address: 600-700 MOUNTAIN AVE. ROOM 6C361
City-St-Zip: MURRAY HILL, NJ 07974

Title: AS () Delete
Name: URBINA, RENE
Address: 800 NORTH POINT PKWY
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DORIS BATTLE

AS

04/13/2006

Electronic Signature of Signing Officer or Director

Date