

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001129

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: LUCENT TECHNOLOGIES GRL LLC

## Current Principal Place of Business:

600 MOUNTAIN AVE.  
ROOM 3C-515  
MURRAY HILL, NJ 07974

## New Principal Place of Business:

## Current Mailing Address:

800 NORTH POINT PKWY  
ROOM 83N370G  
ALPHARETTA, GA 30005

## New Mailing Address:

800 NORTH POINT PKWY  
ATTN: BUSINESS LICENSE DEPT  
ALPHARETTA, GA 30005

FEI Number: 22-3609000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LANDMANN, BARBARA  
Address: 600-700 MOUNTAIN AVE P.O. BOX 636  
City-St-Zip: MURRAY HILL, NJ 079740636

Title: MGR ( ) Delete  
Name: GRACIA, JORGE  
Address: 2400 SW 145 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: MC GLONE, DENISE  
Address: 600-700 MOUNTAIN AVE P.O. BOX 636  
City-St-Zip: MURRAY HILL, NJ 079740636

Title: MGR ( ) Delete  
Name: VICKERS, JAMES  
Address: 800 NORTH POINT PARKWAY  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR ( ) Delete  
Name: BATTLE, DORIS  
Address: 800/900 NORTH POINT PARKWAY  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGR (X) Delete  
Name: HAM, MISTY  
Address: 800 NORTH POINT PARKWAY  
City-St-Zip: ALPHARETTA, G 30005

## ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition  
Name: GUNN, GLENN  
Address: 3400 W PLANO PARKWAY  
City-St-Zip: PLANO, TX 75075

Title: ( ) Change ( ) Addition  
Name:  
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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DORIS BATTLE

MGR

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date