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# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M99000000254</b> 1. Entity Name <b>AT&amp;T NETWORK PROCUREMENT MANAGEMENT LLC</b>	
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FILED

06 MAY -3 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>ONE AT&amp;T WAY BEDMINSTER, NJ 07921</b>	Mailing Address <b>ONE AT&amp;T WAY BEDMINSTER, NJ 07921</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR LEE, RICHARD ONE AT&T WAY BEDMINSTER, NJ 07921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR PETERS, KEVIN ONE AT&T WAY BEDMINSTER, NJ 07921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR SOSIDKA, BETH ONE AT&T WAY BEDMINSTER, NJ 07921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR WILLIAMS, THOMAS ONE AT&T WAY BEDMINSTER, NJ 07921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**000074511640**  
**05/12/06--01015--029 \*\*3450.00**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

**Beth Sosidka**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/27/06**  
Date

**(908) 234-8857**  
Daytime Phone #