## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 29, 2008 8:00 am Secretary of State **DOCUMENT # M99000000254** 1. Entity Name 02-29-2008 90104 008 \*\*\*138.75 AT&T NETWORK PROCUREMENT MANAGEMENT LLC Principal Place of Business Mailing Address ONE AT&T WAY ONE AT&T WAY OUUTTIOI BEDMINSTER, NJ 07921 BEDMINSTER, NJ 07921 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5707208 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) A CONTRACTOR FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE LEE, RICHARD NAME NAME ONE ATRT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEDMINSTER, NJ 07921 CITY-ST-ZIP TITLE MGR ☐ Change TITLE ☐ Addition PETERS, KEVIN NAME STREET ADDRESS ONE AT&T WAY STREET ADDRESS CITY-ST-ZIP BEDMINSTER, NJ 07921 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOSIDKA, BETH NAME NAME STREET ADDRESS ONE AT&T WAY STREET ADDRESS CITY-ST-ZIP BEDMINSTER, NJ 07921 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition WILLIAMS, THOMAS NAME ONE AT&T WAY STREET ADDRESS STREET ADDRESS BEDMINSTER, NJ 07921 C/TY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Cary-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED