

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000254

FILED
Apr 09, 2009
Secretary of State

Entity Name: AT&T NETWORK PROCUREMENT MANAGEMENT LLC

Current Principal Place of Business:

ONE AT&T WAY
BEDMINSTER, NJ 07921

New Principal Place of Business:

ONE AT&T WAY
ROOM 4A248
BEDMINSTER, NJ 07921

Current Mailing Address:

ONE AT&T WAY
BEDMINSTER, NJ 07921

New Mailing Address:

ONE AT&T WAY
ROOM 4A248
BEDMINSTER, NJ 07921

FEI Number: 20-5707208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LEE, RICHARD
Address: ONE AT&T WAY
City-St-Zip: BEDMINSTER, NJ 07921

Title: MGR () Delete
Name: SOSIDKA, BETH
Address: ONE AT&T WAY
City-St-Zip: BEDMINSTER, NJ 07921

Title: MGR (X) Delete
Name: WILLIAMS, THOMAS
Address: ONE AT&T WAY
City-St-Zip: BEDMINSTER, NJ 07921

ADDITIONS/CHANGES:

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: BETH SOSIDKA

MGR

04/09/2009

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