2001 UNIFORM BUSINESS REP()RT (UBR) DOCUMENT # M99000001488 FILED 1. Entity Name المعاشك أكأو 01 MAY -1 PM 5: 25 LUCENT CONSUMER COMMUNICATIONS, LLC SECRETARY OF STATE Principal Place of Business 800 North Point Arkwy TALLAHASSEE, FLORIDA 800 North Point Arkuy Room 83N3SOA Alpharetta, GA 07962 Alphare Ha, GA 30005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 35363332 22-Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes St. Tallahassee, FL 32301 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) 900004275479----05/22/01--01017--012 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State \*\*\*\*50.00 \*\*\*\*\*50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. ☐ Addition ☐ Change TITLE Delete John Gumersell NAME 535 Mountain Ave STREET ADDRESS STREET ADDRESS New Providence, NJ 07974 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE TITLE Stanley Hartstein NAME NAME 535 Mountain Ave STREET ADDRESS STREET ADDRESS New Providence, NJ 07974 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Douglass HotchKiss Delete 800 North Point Prkwy NAME NAME STREET ADDRESS STREET ADDRESS 410 haretta GA 30005 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE nichael Holliday NAME NAME 600/700 Mountain Ave STREET ADDRESS STREET ADDRESS JUrray Hill, NJ 67974 CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE Sharon Jacobson NAME 600/700 Mountain Ave STREET AUDRESS STREET ADDRESS Urray Hill NJ 07974 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ... Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MAN (GER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

770 750 2747

## LUCENT CONSUMER COMMUNICATIONS, LLC

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