


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00713

1. Entity Name
AT&T COMMUNICATIONS - EAST, INC.



FILED
06 MAY -3 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

ONE AT&T WAY ONE AT&T WAY
ROOM 4A235 ROOM 4A235
BEDMINSTER, NJ 07921 US BEDMINSTER, NJ 07921 US



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2473192 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BRAZZELL, STEPHEN
STREET ADDRESS	55 CORPORATE DR.
CITY-ST-ZIP	BRIDGEWATER, NJ 08807
TITLE	VP
NAME	HOPPE, R. P.
STREET ADDRESS	55 CORPORATE DR.
CITY-ST-ZIP	BRIDGEWATER, NJ 08807
TITLE	AS
NAME	METZGER, KATHLEEN S
STREET ADDRESS	ONE AT&T WAY
CITY-ST-ZIP	BEDMINSTER, NJ 07921
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

APR 19

900074511999
05/12/06--01015--029 **3450.00

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/06 (908) 234-8955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #