


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P00917
 1. Entity Name
AT&T SOUTHEAST 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**
ROOM4A235 **ROOM4A235**
BEDMINSTER, NJ 07921 US **BEDMINSTER, NJ 07921 US**



04262006 No Chg-P CR2E034 (11/05)

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4. FEI Number
13-3182731 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

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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 NAME STREET ADDRESS CITY-ST-ZIP	AST TUTNAUER, JEFF ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST METZGER, KATHLEEN S ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FEIT, ROBERT S ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRIP, WILLIAM ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUAH, ANTOINETTE A ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WIGGINS, GARY ONE AT&T WAY BEDMINSTER, NJ 07921

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

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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: _____ *Ke* **4/27/06** **(908) 234-8955**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #