

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

COMVERSE, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1335043**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 QUANNAPOWITT PARKWAY

CITY/ST/ZIP: WAKEFIELD, MA 01880

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: Philippe Tartavull TITLE: PRESIDENT ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Thomas Sabol TITLE: CFO ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Shawn Rathje TITLE: CAO ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Narasimha (Gani) Nayak TITLE: SVP ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Nassrin Tavakoli TITLE: SVP, CTO ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Roy Luria TITLE: General Counsel ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Susan Bowick TITLE: DIRECTOR ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Budge TITLE: DIRECTOR ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Doron Inbar TITLE: DIRECTOR ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mark Terrell TITLE: DIRECTOR ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Henry Nothhaft TITLE: DIRECTOR ADDRESS: 200 Quannapowitt Parkway CITY/ST/ZIP/CO: Wakefield, MA 01880	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Shawn Rathje SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Shawn Rathje, CAO PRINTED NAME AND CORPORATE TITLE	4/2/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		