

1.) CORPORATION NAME:

**COMVERSE, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1335043**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 QUANNAPOWITT PARKWAY		
CITY/ST/ZIP/CO:	WAKEFIELD, MA 01880		
NAME:	ROY LURIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GENERAL COUNSEL		
ADDRESS:	200 QUANNAPOWITT PARKWAY		
CITY/ST/ZIP/CO:	WAKEFIELD, MA 01880		
NAME:	NARASIMHA (GANI) NAYAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	200 QUANNAPOWITT PARKWAY		
CITY/ST/ZIP/CO:	WAKEFIELD, MA 01880		
NAME:	SHAWN RATHJE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO		
ADDRESS:	200 QUANNAPOWITT PARKWAY		
CITY/ST/ZIP/CO:	WAKEFIELD, MA 01880		
NAME:	THOMAS SABOL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 QUANNAPOWITT PARKWAY		
CITY/ST/ZIP/CO:	WAKEFIELD, MA 01880		
NAME:	NASSRIN TAVAKOLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CTO		
ADDRESS:	200 QUANNAPOWITT PARKWAY		
CITY/ST/ZIP/CO:	WAKEFIELD, MA 01880		

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: HENRY NOTHHAFT 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
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.		