

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

COMVERSE, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1335043**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHILIPPE TARTAVULL	
TITLE:	PRESIDENT	
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:	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:	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:	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:	NASSRIN TAVAKOLI	
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
NAME: NEIL MONTEFIORE 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	4/15/2014 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.		