

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

**AvayaLive Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1899188**

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

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 211 MT. AIRY ROAD

CITY/ST/ZIP: BASKING RIDGE, NJ 07920

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.

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| <p>NAME: FRANK MAHR<br/>TITLE: PRES, SECY<br/>ADDRESS: 211 MT AIRY ROAD<br/>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920</p>                          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: MATTHEW BOOHER<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 211 MT AIRY ROAD<br/>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920</p>                  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: KEVIN MACKAY<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 211 MT AIRY ROAD<br/>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920</p>                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: MAUREEN MOORE<br/>TITLE: ASST TREASURER<br/>ADDRESS: 211 MT AIRY ROAD<br/>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920</p>                   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: LAWRENCE (SCOTT) B NIEMANN, JR.<br/>TITLE: ASST TREASURER<br/>ADDRESS: 211 MT AIRY ROAD<br/>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920</p> | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: ALISA WISSE<br/>TITLE: ASST SECRETARY<br/>ADDRESS: 211 MT AIRY ROAD<br/>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920</p>                     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

|  |  |          |
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| NAME: SANDRA EPPRECHT<br>TITLE: ASST SECRETARY<br>ADDRESS: 211 MT AIRY ROAD<br>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR            |          |
| NAME: LORRAINE LAGO<br>TITLE: ASST SECRETARY<br>ADDRESS: 211 MT AIRY ROAD<br>CITY/ST/ZIP/CO: BASKING RIDGE, NJ 07920   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR            |          |
| NAME: Peter Heller<br>TITLE: VICE PRESIDENT<br>ADDRESS: 211 Mt. Airy Road<br>CITY/ST/ZIP/CO: Basking Ridge, NJ 07920   | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |          |
| NAME: Mark Monday<br>TITLE: VICE PRESIDENT<br>ADDRESS: 211 Mr. Airy Road<br>CITY/ST/ZIP/CO: Basking Ridge, NJ 07920  | <input checked="" type="checkbox"/> OFFICER <input 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/ FRANK MAHR   | FRANK MAHR, PRES, SECY   | 6/6/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | PRINTED NAME AND CORPORATE TITLE   | 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. |  |          |