

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851595

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: VERIZON CREDIT INC.

## Current Principal Place of Business:

201 N. FRANKLIN ST  
SUITE 3300  
TAMPA, FL 33602 US

## New Principal Place of Business:

## Current Mailing Address:

201 N. FRANKLIN ST  
SUITE 3300  
TAMPA, FL 33602 US

## New Mailing Address:

FEI Number: 16-1170094      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DTAX ( ) Delete  
Name: CHOW, PATRICIA A  
Address: 245 PARK AVE., 40TH FLOOR  
City-St-Zip: NEW YORK, NY 10167

Title: PD ( ) Delete  
Name: REPP, PAUL H  
Address: 245 PARK AVENUE, 40TH FL.  
City-St-Zip: NEW YORK, NY 10167

Title: CFO ( ) Delete  
Name: KRAKOWSKI, RICHARD  
Address: 245 PARK AVE., 40TH FL  
City-St-Zip: NEW YORK, NY 10167

Title: T ( ) Delete  
Name: GARRITY, JANET  
Address: 3900 WASHINGTON ST, 2ND FLOOR  
City-St-Zip: WILMINGTON, DE 19802

Title: COBD ( ) Delete  
Name: HEITMANN, WILLIAM F  
Address: ONE VERIZON WAY  
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D ( ) Delete  
Name: BARTLETT, THOMAS A  
Address: ONE VERIZON WAY  
City-St-Zip: BASKING RIDGE, NJ 07920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. CHOW

DTAX

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date