

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851595

FILED
Jan 13, 2010
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
Name: CHOW, PATRICIA A
Address: 240 E. 38TH ST., 23RD FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: PD
Name: REPP, PAUL H
Address: 240 E. 38TH ST., 23RD FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: CFO
Name: KRAKOWSKI, RICHARD
Address: 240 E. 38TH ST., 23RD FLOOR
City-St-Zip: NEW YORK, NY 10016

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

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

Title: D
Name: BARISH, ROBERT J
Address: ONE VERIZON WAY
City-St-Zip: BASKING RIDGE, NJ 07920

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. CHOW

DT

01/13/2010

Electronic Signature of Signing Officer or Director

_____ Date