

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90013 007 \*\*\*550.00

0106672 AT

**DOCUMENT # F00000006782**  
 1. Entity Name  
**VERIZON COMMUNICATIONS INC.**

Principal Place of Business      Mailing Address  
**1095 AVENUE OF THE AMERICAS, ROOM 3875**      **1095 AVENUE OF THE AMERICAS, ROOM 3875**  
**NEW YORK NY 10036**      **NEW YORK NY 10036**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1717 Arch Street**  
**15th Floor**  
 City & State      City & State  
**Philadelphia, PA**  
 Zip      Country      Zip      Country  
**19103**      **US**

4. FEI Number **23-2259884**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BABBIO, LAWRENCE T JR.</b> <b>1095 AVENUE OF THE AMERICAS, ROOM 3875</b> <b>NEW YORK NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARDIN, MARY BETH</b> <b>1095 AVENUE OF THE AMERICAS, ROOM 3875</b> <b>NEW YORK NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Marianne Drost</b> <b>1095 Avenue of the Americas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BARR, WILLIAM P</b> <b>1095 AVENUE OF THE AMERICAS, ROOM 3875</b> <b>NEW YORK NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>William F. Heitmann</b> <b>1095 Avenue of the Americas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BENSON, DAVID H</b> <b>1095 AVENUE OF THE AMERICAS, ROOM 3875</b> <b>NEW YORK NY 10036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input checked="" type="checkbox"/> Delete <b>DENTICO, PATRICK</b> <b>1095 AVENUE OF THE AMERICAS, ROOM 3875</b> <b>NEW YORK NY 10036</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kelly, Paul N.</b> <b>1717 Arch Street, 15th Floor</b> <b>Philadelphia, PA 19103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>DIERCKSEN, JOHN W</b> <b>1095 AVENUE OF THE AMERICAS, ROOM 3875</b> <b>NEW YORK NY 10036</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>James R. BARKER</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Paul N. Kelly**      Date **7/24/01**      Daytime Phone # **215-963-6343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)