


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90006 009 \*\*\*150.00

**DOCUMENT # F0000006782**

1. Entity Name  
**VERIZON COMMUNICATIONS INC.**



Principal Place of Business      Mailing Address

**ONE VERIZON WAY  
 BASKING RIDGE, NJ 07920**      **ONE VERIZON WAY  
 ROOM S 220  
 BASKING RIDGE, NJ 07920**

**40078810**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**140 West Street**      **---**

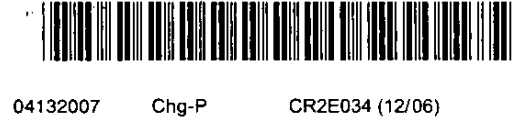
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**New York, NY**      **---**

Zip      Country      Zip      Country

**10007**      **USA**      **---**      **---**



4. FEI Number      Applied For

**23-2259884**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SEIDENBERG, IVAN G	
STREET ADDRESS	ONE VERIZON WAY	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	S	<input type="checkbox"/> Delete
NAME	DROST, MARIANNE	
STREET ADDRESS	ONE VERIZON WAY	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	BARTLETT, THOMAS A	
STREET ADDRESS	ONE VERIZON WAY	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOBEN, DOREEN A	
STREET ADDRESS	ONE VERIZON WAY	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HUNTLEY, WILLIAM J	
STREET ADDRESS	ONE VERIZON WAY	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKER, JAMES R	
STREET ADDRESS	ONE VERIZON WAY	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elise J. Bauer*      4/18/07      (908) 559-4719

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #