
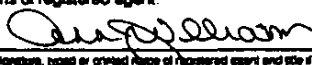



**2007 FOR PROFIT CORPORATION REINSTATEMENT**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F0600007315</b>			
1. Entity Name <b>VERIZON CORPORATE SERVICES CORP.</b>			
Principal Place of Business <b>310 N COURT HOUSE RD ARLINGTON, VA 22201</b>		Mailing Address <b>209 ORNAGE ST WILMINGTON, DE 19801</b>	
2. Principal Place of Business - No P.O. Box # <b>ONE VERIZON WAY</b>		3. Mailing Address	
Subs, Apt. #, etc.		Subs, Apt. #, etc.	
City & State <b>BASKING RIDGE NJ</b>		City & State	
Zip <b>07920</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>22 - 2743773</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
9. 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. <b>ANN J. WILLIAMS</b> SIGNATURE:  Assistant Vice President DATE: <b>October 31, 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC BARTLETT, RHOMAS A ONE VERIZON WAY BASKING RIDGE, NJ 07920</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARTLETT, THOMAS A.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCS DROST, MARIANNE ONE VERIZON WAY BASKING RIDGE, NJ 07920</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000112597850 11/27/07--01016--018 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCP REED, MARC C 140 W ST NEW YORK, NY 10007</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11/29</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BAER, ELISE J ONE VERIZON WAY BASKING RIDGE, NJ 07920</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>V BARTHWAITE, LEE A 310 N COURT HOUSE RD ARLINGTON, VA 22201</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ONE VERIZON WAY BASKING RIDGE, NJ 07920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHRISTIAN, ROSALYNN A 600 HIDDEN RIDGE IRVINGTON, TX 75038</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>IRVING, TX 75038</b>
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 another like empowered.			
SIGNATURE: 		Date: <b>11/19/07</b> Daytime Phone #: <b>908-559-4719</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



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