


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90040 011 ***150.00

DOCUMENT # F06000007315
 1. Entity Name
VERIZON CORPORATE SERVICES CORP.



Principal Place of Business
**ONE VERIZON WAY
 BASKING RIDGE, NJ 07920**

Mailing Address
**209 ORNAGE ST
 WILMINGTON, DE 19801**

DO NOT WRITE IN THIS SPACE

40039460



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2743773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC BARTLETT, THOMAS A ONE VERIZON WAY BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS DROST, MARIANNE ONE VERIZON WAY BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP REED, MARC C 140 W ST NEW YORK, NY 10007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, ELISE J ONE VERIZON WAY BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTHWAITE, LEE A ONE VERIZON WAY BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTIAN, ROSALYNN A 600 HIDDEN RIDGE IRVING, TX 75038

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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 Baer **2/20/08** **908-551-4714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #