


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90334 023 \*\*\*\*50.00

**DOCUMENT # M97000000483**

1. Entity Name  
**VERIZON BUSINESS PURCHASING LLC**



Principal Place of Business  
**22001 LOUDOUN COUNTY PKWY  
 ASHBURN, VA 20147 US**

Mailing Address  
**TAX DEPT 8408 BLDG C2-3 512  
 22001 LOUDOUN COUNTY PKWY  
 ASHBURN, VA 20147 US**

**60047454**



2. Principal Place of Business - No P.O. Box #  
**ONE VERIZON WAY**

3. Mailing Address  
**ONE VERIZON WAY**

Suite, Apt. #, etc.  
**VC31E233**

04232007 Chg-LLC CR2E083 (12/06)

City & State  
**BASKING RIDGE NJ**

City & State  
**BASKING RIDGE NJ**

Zip  
**07920**

Country  
**USA**

Zip  
**07920**

Country  
**USA**

4. FEI Number  
**72-1380746**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR	<input type="checkbox"/> Delete
NAME KILLIAN, JOHN F	
STREET ADDRESS 22001 LOUDOUN COUNTY PKWY	
CITY-ST-ZIP ASHBURN, VA 20147	
TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME VEATCH, MARCUS	
STREET ADDRESS 22001 LOUDOUN COUNTY PKWY	
CITY-ST-ZIP ASHBURN, VA 20147	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS ONE VERIZON WAY	
CITY-ST-ZIP BASKING RIDGE NJ 07920	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS MGR MILCH, RANDAL S ONE VERIZON WAY	
CITY-ST-ZIP BASKING RIDGE NJ 07920	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS MGR SHAMMO, FRANCIS J ONE VERIZON WAY	
CITY-ST-ZIP BASKING RIDGE NJ 07920	
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	

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Francis J. Shammo FRANCIS J. SHAMMO 908 559 1476

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #