2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

	ANNUAL	KEPUKI			04.20.2008.00	0000001***100	75
1. Entity Nan	MENT # M97000000 N BUSINESS PURCHASING				04-29-2008 90	0029 034 ***138.	/3
Principal Place of Business ONE VERIZON WAY BASKING RIDGE, NJ 07920 US		Mailing Address ONE VERIZON WAY VC31E233 BASKING RIDGE, NJ 07920 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address One Verizon Way					
Suite, Apt. #, etc.		Suite, Apt. #, etc. VC53N\30		04212008	Chg-LLC	CR2E083 (12/06)	
City & State		Basking Ridge, NJ			4. FEI Number Applied For 72-1380746 Not Applicable		
Zip 	Country 6. Name and Address of Current F	07920	Country US A		e of Status Desired	□ \$5.00 Add Fee Require	
1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324	Street Addres	s (P.O. Box Num	ber is Not Acceptable	e) FL Zip Cod	9	
	e named entity submits this statement for tions of registered agent.		registered office or regis		oth, in the State of Flo	Crida. I am familiar with,	
	Signature, typed of printed name of registered agent as E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	d title if applicable. (NOTE	:: Registered Agent signature requ	red when reinstating)	1	e check payable to a Department of Stat	0
9.	MANAGING MEMBER		10.		ADDITIONS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KILLIAN, JOHN F ONE VERIZON WAY BASKING RIDGE, NJ 07920	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	MGR VEATCH, MARCUS 22001 LOUDOUN COUNTY PKW ASHBURN, VA 20147	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP	MGR MILCH, RANDAL S ONE VERIZON WAY BASKING RIDGE, NJ 07920	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZEP	MGR SHAMMO, FRANCIS J ONE VERIZON WAY BASKING RIDGE, NJ 07920	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	☐ Addition
TITLE							

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 of the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JANUS JA

TED NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

908-559-3098

Caytime Pr

Date