

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004019

**Entity Name:** VERIZON CONNECT FLEET USA LLC

**Current Principal Place of Business:**

5055 NORTH POINT PARKWAY  
ALPHARETTA, GA 30022

**Current Mailing Address:**

5055 NORTH POINT PARKWAY  
ALPHARETTA, GA 30022 US

**FEI Number:** 20-1799583

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name VERIZON COMMUNICATIONS INC.  
Address 1095 AVENUE OF THE AMERICAS  
City-State-Zip: NEW YORK NY 10036

Title MANAGER  
Name MATTIOLA, PAUL L.  
Address 1100 WINTER STREET  
SUITE 4600  
City-State-Zip: WALTHAM MA 02451

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name IRLANDO, ANDRES F.  
Address 2002 SUMMIT BLVD  
City-State-Zip: ATLANTA GA 30319

Title VICE PRESIDENT - TAXES  
Name MATTIOLA, PAUL L.  
Address ONE VERIZON WAY  
City-State-Zip: BASKING RIDGE NJ 07920

Title TREASURER  
Name KROHN, SCOTT  
Address ONE VERIZON WAY  
City-State-Zip: BASKING RIDGE NJ 07920

Title VP, GENERAL COUNSEL AND SECRETARY  
Name BUTTERWORTH, S. KENDALL  
Address 2002 SUMMIT BLVD  
City-State-Zip: ATLANTA GA 30319

Title ASSISTANT SECRETARY  
Name REYES, CHRISTY K  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title VICE PRESIDENT - OPERATIONS  
Name SCHWAB, SHANE J.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL L. MATTIOLA

**MANAGER**

**03/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            VICE PRESIDENT - SALES  
Name            SCOVILLE, SHANE  
Address        5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title            ASSISTANT TREASURER  
Name            SIN, KEE CHAN  
Address        5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022