

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90100 006 ***150.00

DOCUMENT # 820849

1. Entity Name
VERIZON DATA SERVICES INC.



Principal Place of Business
**ONE E. TELECOM PKWY
TEMPLE TERRACE FL 33687
US**

Mailing Address
**PO BOX 152203
IRVING TX 75015-2203
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
750 Canyon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Income Tax Dept

City & State

City & State
Coppell, TX

4. FEI Number **13-2595219**

Applied For
Not Applicable

Zip

Country

Zip
75019

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SRVP** ☒ Delete
NAME **HIGGINS, GERRY**
STREET ADDRESS **ONE E. TELECOM PKWY**
CITY-ST-ZIP **TEMPLE TERR FL 33687**

TITLE **PD** ☐ Change ☒ Addition
NAME **Kheradpir, Shaygan**
STREET ADDRESS **1095 Ave of Americas**
CITY-ST-ZIP **New York, NY 10036**

TITLE **VP** ☐ Delete
NAME **LUEBKE, MICHAEL**
STREET ADDRESS **ONE E. TELECOM PKWY**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **AS** ☐ Change ☒ Addition
NAME **Griffith, Tamara B.**
STREET ADDRESS **One E Telecom Pkwy**
CITY-ST-ZIP **Temple Terrace, FL 33637**

TITLE **CC** ☐ Delete
NAME **REED, LARRY B**
STREET ADDRESS **1 E TELECOM PKWY**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **CCD** ☒ Change ☐ Addition
NAME **Reed, Larry B.**
STREET ADDRESS **One E. Telecom Pkwy**
CITY-ST-ZIP **Temple Terrace, FL 33637**

TITLE **S** ☐ Delete
NAME **STEIN, LESLIE R.**
STREET ADDRESS **ONE E. TELECOM PKWY.**
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **CD** ☒ Change ☐ Addition
NAME **Stein, Leslie R**
STREET ADDRESS **One E. Telecom Pkwy.**
CITY-ST-ZIP **Temple Terrace, FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Conner, Gary L.**
STREET ADDRESS **750 Canyon Drive**
CITY-ST-ZIP **Coppell, TX 75019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Garrity, Janet M.**
STREET ADDRESS **3900 Washington St., 2nd Floor**
CITY-ST-ZIP **Wilmington, DE 19802**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214-285-2571

Gary L. Conner, VP - Taxes 1/28/2003

Date

Daytime Phone #

CR2E034 (10/02)