


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90081 047 ***150.00

DOCUMENT # 851595 1. Entity Name VERIZON CREDIT INC.	
---	---

Principal Place of Business 201 N. FRANKLIN ST SUITE 3300 TAMPA, FL 33602 US	Mailing Address 201 N. FRANKLIN ST SUITE 3300 TAMPA, FL 33602 US
---	---

50021404



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1170094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, 2005 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	AS LEVINE, MARVA 245 PARK AVE., 40TH FLOOR NEW YORK, NY 10167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REPP, PAUL H 245 PARK AVENUE, 40TH FL. NEW YORK, NY 10167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO KRAKOWSKI, RICHARD 245 PARK AVE., 40TH FL NEW YORK, NY 10167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GARRITY, JANET 3900 WASHINGTON ST, 2ND FLOOR WILMINGTON, DE 19802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Richard Krakowski **R. KRAKOWSKI** 2/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #