

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001508

1. Entity Name  
VERIZON ADVANCED DATA INC.

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90097 050 \*\*\*150.00

Principal Place of Business  
1320 N COURT HOUSE RD  
ARLINGTON, VA 22201

Mailing Address  
1717 ARCH ST  
15TH FL  
PHILADELPHIA PA 19103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1885544

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PELIZZI, VERONICA  
STREET ADDRESS 1166 AVE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME CULLINA, JOHN S  
STREET ADDRESS 1320 NORTH COURT HOUSE ROAD, 8TH FLOOR  
CITY-ST-ZIP ARLINGTON VA 22201 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1515 North Court House Road, Room 500  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AT  
NAME KELLY, PAUL N  
STREET ADDRESS 1717 ARCH STREET, 15TH FLOOR  
CITY-ST-ZIP PHILADELPHIA PA 19103 ☐ Delete

TITLE V  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VTD  
NAME FERBER, DIANE K  
STREET ADDRESS 1717 ARCH STREET  
CITY-ST-ZIP PHILADELPHIA PA 19103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DOWELL, GEORGE S  
STREET ADDRESS 1166 AVE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10036 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIG Paul N. Kelly REQUIRED Paul N. Kelly 2/12/02 215-963-6343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)