

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000006206**

1. Entity Name

**VERIZON DIRECTORY SERVICES INC.**

FILED

02 JAN 16 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2200 W. AIRFIELD DR.  
DALLAS/FT. WORTH AIRPORT TX 75261**

Mailing Address

**PO BOX 619810  
DALLAS/FT. WORTH AIRPORT TX 75261**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

*Attn: Legal Dept.*

City & State

City & State

4. FEI Number

**23-2864773**

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.

**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  Delete  
NAME **PD HARLESS, KATHERINE J**  
STREET ADDRESS **220 WEST AIRFIELD DRIVE**  
CITY-ST-ZIP **DALLAS/FT. WORTH AIRPORT TX 75261**

TITLE  Change  Addition  
NAME **300004792403-7**  
STREET ADDRESS **2200 West Airfield Drive**  
CITY-ST-ZIP **Dallas TX 75261-9810**  
**\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  Delete  
NAME **VD MUNDY, WILLIAM G**  
STREET ADDRESS **220 WEST AIRFIELD DRIVE**  
CITY-ST-ZIP **DALLAS/FT. WORTH AIRPORT TX 75261**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **2200 West Airfield Drive**  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD SCHOENBERGER, DAVID**  
STREET ADDRESS **220 WEST AIRFIELD DRIVE**  
CITY-ST-ZIP **DALLAS/FT. WORTH AIRPORT TX 75261**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **2200 West Airfield Drive**  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD MCDONALD, JOHN J**  
STREET ADDRESS **220 WEST AIRFIELD DRIVE**  
CITY-ST-ZIP **DALLAS/FT. WORTH AIRPORT TX 75261**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **2200 West Airfield Drive**  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD MARSHALL, PATRICK J**  
STREET ADDRESS **220 WEST AIRFIELD DRIVE**  
CITY-ST-ZIP **DALLAS/FT. WORTH AIRPORT TX 75261**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **2200 West Airfield Drive**  
CITY-ST-ZIP

TITLE  Delete  
NAME **T WEISS, RICHARD**  
STREET ADDRESS **1095 AVE OF THE AMERICAS 31STFL**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE  Change  Addition  
NAME **Secretary Allison Wachendorfer**  
STREET ADDRESS **2200 West Airfield Drive**  
CITY-ST-ZIP **Dallas TX 75261-9810**

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:

*SIGNATURE*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Allison Wachendorfer, Secretary**

*DATE*  
**1/10/02 - 972-453-7000**  
Date Daytime Phone #

CRP2001 (0/01)