


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F0000006206**

1. Entity Name  
**VERIZON DIRECTORIES SERVICES - EAST INC.**



**FILED**  
04 FEB 26 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2200 W. AIRFIELD DR. DALLAS/FT. WORTH AIRPORT, TX 75261</b>	Mailing Address <b>PO BOX 619810 ATTN: LEGAL DEPT. DALLAS/FT. WORTH AIRPORT, TX 75261-9810</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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01122004 Chg-P CR2E034 (10/03) **04**

City & State	City & State	4. FEI Number <b>23-2864773</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable)  
**300030506293**  
**03/16/04--01031--011 \*\*150.00**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARLESS, KATHERINE J 2200 W. AIRFIELD DR., P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDGC MUNDY, WILLIAM G 2200 W. AIRFIELD DR., P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDF SCHOENBERGER, DAVID 2200 W. AIRFIELD DR., P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD MCDONALD, JOHN J 2200 W. AIRFIELD DRIVE, P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPHR ROACH, SANDRA L 2200 W. AIRFIELD DRIVE, P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY, JANET M 2200 W. AIRFIELD DRIVE, P.O. BOX 619810 D/FW AIRPORT, TX 752619810	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDF ANDREW Coticchio 2200 W. Airfield Dr., P.O. Box 619810 DALLAS - Ft. Worth Airport, TX 75261-9810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sandra L. Skogen 2200 W. Airfield Dr., P.O. Box 619810 DALLAS - Ft. Worth Airport, TX 75261-9810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Sandra L. Skogen 1/27/04 (972) 453-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Sandra L. Skogen, Secretary

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