


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 26 PM 1:27

<b>DOCUMENT # F0000006206</b> 1. Entity Name VERIZON DIRECTORIES SERVICES - EAST INC.					
Principal Place of Business 2200 W. AIRFIELD DR. DALLAS/FT. WORTH AIRPORT, TX 75261			Mailing Address PO BOX 619810 ATTN: LEGAL DEPT. DALLAS/FT. WORTH AIRPORT, TX 75261		
2. Principal Place of Business		3. Mailing Address Attn: Legal Dept. Suite, Apt. #, etc. 2200 W. Airfield Dr., P.O. Box 619810			
Suite, Apt. #, etc.		City & State Dallas/Fort Worth Airport, TX		01202005 Chg-P CR2E034 (10/03)	
City & State		City & State Dallas/Fort Worth Airport, TX		4. FEI Number 23-2864773	
Zip 75261-9810		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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)  City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDF COTICCHIO, ANDREW 2200 W. AIRFIELD DR., P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOGEN, SANDRA L 2200 W. AIRFIELD DR., P.O. BOX 619810 DALLAS/FT. WORTH AIRPORT, TX 75261	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">                     100046120781                      02/07/05--01049--002 **\$600.00                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the empowered.					
SIGNATURE: <u>Sandra Skogen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/20/05</u>		Daytime Phone #: <u>972-453-7160</u>