

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JAN 12 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F00000006206 1. Entity Name VERIZON DIRECTORIES SERVICES - EAST INC.					
Principal Place of Business 2200 W. AIRFIELD DR. DALLAS/FT. WORTH AIRPORT, TX 75261		Mailing Address 2200 W. AIRFIELD DR., P.O. BOX 619810 ATTN: LEGAL DEPT. DALLAS/FT. WORTH AIRPORT, TX 75261			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2864773	
Zip		Zip		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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	400064414444 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/25/06--01003--021 **150.00	
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 checked="" 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	
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 exemptions contained in Chapter 119, 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: <u>Sandra L Skogen</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/9/06</u> Daytime Phone #: <u>972-453-7160</u>	

Sandra L Skogen, Secretary