

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90283 026 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F01000001576**

1. Entity Name  
**VERIZON GLOBAL SOLUTIONS INC.**



Principal Place of Business  
**110 ALLEN ROAD  
LIBERTY CORNER, NJ 07938**

Mailing Address  
**1095 AVE OF AMERICA ROOM 3144  
NEW YORK, NY 10036**

2. Principal Place of Business

3. Mailing Address

**1717 Arch Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**15th Floor**

City & State

City & State

**Philadelphia, PA**

Zip

Country

Zip

Country

**19103**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**13-4123012**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$650.00

Make Check Payable to: Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**PCD  
BARTLETT, THOMAS A  
110 ALLEN ROAD  
LIBERTY CORNER, NJ 07938** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CRAIN, JANAL  
1717 Arch Street, 15th Floor  
Philadelphia, PA 19103** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
CUDDY, JOHN C  
1095 AVE. OF THE AMERICAS, 38TH FLOOR  
NEW YORK, NY 10036** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
NOTO, JEFFERY S  
110 ALLEN ROAD  
LIBERTY CORNER, NJ 07938** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MARTINEZ, BERNADETTE  
6221 N. O'CONNOR BLVD.  
IRVING, TX 75039** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PILGRIM, ROBERT F  
110 ALLEN ROAD  
LIBERTY CORNER, NJ 07938** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PRICKEN, JOHN D  
110 ALLEN ROAD  
LIBERTY CORNER, NJ 07938** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/16/03 215-963-6115**

CR2E034 (10/02)