


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 024 ***150.00

DOCUMENT # F01000005962	
1. Entity Name BELL ATLANTIC INVESTMENT DEVELOPMENT CORPORATION	

40061053



Principal Place of Business 1095 AVENUE OF THE AMERICAS, ROOM 3875 NEW YORK, NY 10036	Mailing Address 1095 AVENUE OF THE AMERICAS, ROOM 3875 NEW YORK, NY 10036
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2. Principal Place of Business One Verizon Way Suite, Apt. #, etc.	3. Mailing Address One Verizon Way Suite, Apt. #, etc.
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04182006 Chg-P CR2E034 (11/05)

City & State Basking Ridge NJ	City & State Basking Ridge NJ
Zip 07920	Zip 07920
Country	Country

4. FEI Number 23-2405898	Applied For <input type="checkbox"/> Not Applicable
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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) City FL Zip Code
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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 reinstating)

DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CONT ALICANDRI, RICHARD F 1095 AVENUE OF THE AMERICAS, ROOM 3875 NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Verizon Way Basking Ridge, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHAPKER, JANE A 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Verizon Way Basking Ridge, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENSON, DAVID M 1095 AVE. OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President, Director Bartlett, Thomas A. One Verizon Way Basking Ridge, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VECTCH, MARCOS R 1095 AVE. OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Boer, Elise J. One Verizon Way Basking Ridge, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARISH, ROBERT J 1095 AVE. OF THE AMER., 40TH FL, RM. 4037 NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Fulton, Lawrence D One Verizon Way Basking Ridge, NJ 07920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JANLEUN, RICHARD P 1095 AVE. OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Janleun, Richard P One Verizon Way Basking Ridge, NJ 07920

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

215-466-4746

Daytime Phone #