


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90006 017 ***150.00

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

Principal Place of Business ONE VERIZON WAY BASKING RIDGE, NJ 07920	Mailing Address ONE VERIZON WAY BASKING RIDGE, NJ 07920
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90070010



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132007 Chg-P CR2E034 (12/06)

4. FEI Number 23-2405898	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	CONT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICANDRI, RICHARD F	NAME	
STREET ADDRESS	ONE VERIZON WAY	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPKER, JANE A	NAME	
STREET ADDRESS	ONE VERIZON WAY	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTLETT, THOMAS A	NAME	Bartlett, Thomas A.
STREET ADDRESS	ONE VERIZON WAY	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOER, ELISE J	NAME	Baer, Elise J.
STREET ADDRESS	ONE VERIZON WAY	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTTON, LAWRENCE D	NAME	Fulton, Lawrence D.
STREET ADDRESS	ONE VERIZON WAY	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKON, RICHARD P	NAME	Jonkun, Richard P.
STREET ADDRESS	ONE VERIZON WAY	STREET ADDRESS	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920	CITY-ST-ZIP	

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>Elise J. Baer</u>	<u>Elise J. Baer</u>	<u>4/18/07</u>	<u>(908)559-4719</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #