

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 016 ***150.00

DOCUMENT # F02000000236

1. Entity Name
VERIZON TELEPRODUCTS CORP.



Principal Place of Business
**400 BRANDYWINE PARKWAY
WEST CHESTER, PA 19380**

Mailing Address
**1717 ARCH STREET
15TH FLOOR
PHILADELPHIA, PA 19103**

50016835



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
23-2338644

Applied For
Not Applicable

Zip

Country

Zip

Country

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **CD** ☐ Delete
NAME **COCORAN, ELLEN M**
STREET ADDRESS **1095 AVE. OF AMERICAS, 40TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10036**

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

TITLE **PD** ☐ Delete
NAME **MACEK, C R**
STREET ADDRESS **400 BRANDYWINE PARKWAY**
CITY-ST-ZIP **WEST CHESTER, PA 19380**

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

TITLE **TCFO** ☐ Delete
NAME **LUDLOW, THOMAS W**
STREET ADDRESS **245 PARK AVE., 40TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10167**

TITLE **CFO** ☒ Change ☐ Addition
NAME **Thomas W. Ludlow**
STREET ADDRESS **245 Park Ave., 40th Floor**
CITY-ST-ZIP **New York, NY 10036**

TITLE **V** ☐ Delete
NAME **CRAIN, JANA L**
STREET ADDRESS **1717 ARCH STREET**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

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

TITLE **V** ☐ Delete
NAME **JANKUN, RICHARD P**
STREET ADDRESS **1095 AVE. OF AMERICAS, ROOM 3104**
CITY-ST-ZIP **NEW YORK, NY 10036**

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

TITLE **V** ☐ Delete
NAME **MASCHING, RICHARD R**
STREET ADDRESS **750 CANYON DRIVE**
CITY-ST-ZIP **COPELL, TX 75019**

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

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:

Jana L. Crain **Jana L. Crain, Vice Pres-Tax**

Date

2/3/05

Daytime Phone #

915-963-6115