2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000236

1. Entity Name VERIZON TELEPRODUCTS CORP.



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

02-16-2005 90055 016 ***150.00

Applied For Southern Southern Address Address Southern Address Addr							1000 57	100						
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Suito, Apt. #, etc.				15TH FLOOR				4 8 4 89 4	PANS HER SERIESIN	. – -				
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S. Certificate of Status Desired Fee Required F	City & State				City & State				L .			_ 	<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code	Zip	Zip Country			Zip ~ · Coun				5. Certificate	of Status Desire	a 🗆			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and the facilitation. SIGNATURE Grownth, food or printed same of registered agent and the facilitation. PILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE COCOCRAN, ELLEN M MAKE MACEK, C R MAKE MACEK, C R MACEK, C	6. Name and Address of Current Registered Agent								7. Name and	Address of Net	w Registered	Agent		
SIGNATURE Signature, fixed or private days submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida, I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with, and accept the obli	CTCORR	ODATION	CVCTEM				Name							
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	1200 SOUTH PINE ISLAND ROAD							Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE											FL	Zip Cod	е	
SIGNATURE Signature, hooded or printed name of registered agent and title 4 accidicable. (NOTE: Registered Agent soprature recurred when retreating) DATE	8. The above													
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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:

head fram L. Crain, Vice Pros- Tox 2/3/C

Daytime Phone #