

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 033 ***150.00

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1. Entity Name
VERIZON GLOBAL NETWORKS INC.



Principal Place of Business
**1320 NORTH COURT HOUSE RD.
ARLINGTON, VA 22201**

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

54027275



03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1885546

Applied For

Not Applicable

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **GORDON, BRUCE S**
STREET ADDRESS **1095 AVE. OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **D** ☒ Delete
NAME **HARVEY, KEIKO**
STREET ADDRESS **1095 AVENUE OF THE AMERICA**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **D** ☒ Delete
NAME **DIEFENDERFER, JEANNIE H**
STREET ADDRESS **1095 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **P** ☒ Delete
NAME **HOWARD, FRED R**
STREET ADDRESS **1320 NORTH COURT HOUSE RD.**
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **AS** ☐ Delete
NAME **MASON, J. DANIEL**
STREET ADDRESS **1095 AVE. OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **V** ☐ Delete
NAME **CRAIN, JANA L**
STREET ADDRESS **1717 ARCH STREET 15TH FLOOR**
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFDS** ☐ Change ☒ Addition
NAME **Daniel W. Murphy**
STREET ADDRESS **58 E. Swedes Ford Rd**
CITY-ST-ZIP **Frazer, PA 19355**

TITLE **T** ☐ Change ☐ Addition
NAME **Robert S. Fitzmire**
STREET ADDRESS **3900 Washington Street**
CITY-ST-ZIP **Wilmington, DE 19802**

TITLE **D** ☐ Change ☐ Addition
NAME **Barry W. Paulson**
STREET ADDRESS **600 Hidden Ridge**
CITY-ST-ZIP **Irving, TX 75038**

TITLE **PTD** ☐ Change ☐ Addition
NAME **Joan Withers**
STREET ADDRESS **1350 N. Court House Road**
CITY-ST-ZIP **Arlington, VA 22201**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jana L. Crain

Vice President-Taxes

3/30/04 215-963-6115

Date

Daytime Phone #