


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2005 90055 014 ***150.00

DOCUMENT # F02000004508

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**

50016837



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
54-1885546

Applied For
 Not Applicable

City & State

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **CFOS** Delete
 NAME **MURPHY, DANIEL W**
 STREET ADDRESS **58 E. SWEDES POND RD**
 CITY-ST-ZIP **FRAZER, PA 19355**

TITLE **CFOS** Change Addition
 NAME **Virginia L. Boucher**
 STREET ADDRESS **1008 Hidden Ridge**
 CITY-ST-ZIP **Irving, TX 75038**

TITLE **T** Delete
 NAME **FITZMIRE, ROBERT S**
 STREET ADDRESS **3900 WASHINGTON STREET**
 CITY-ST-ZIP **WILMINGTON, DE 19802**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PAULSON, BARRY W**
 STREET ADDRESS **600 HIDDEN RIDGE**
 CITY-ST-ZIP **IRVING, TX 75038**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WITHERS, JOAN**
 STREET ADDRESS **1320 N. COURT HOUSE ROAD**
 CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **PD** Change Addition
 NAME **Helen K. Penberthy**
 STREET ADDRESS **1350 N. Court House Road**
 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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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** 2/9/05 915-963-1615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #