2008 FOR PROFIT CORPORATION

FILED Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90021 013 ***150.00 **ANNUAL REPORT** DOCUMENT # F02000004508 THE STA

| 1. Entity Nam | NIENT # POZOOOO4 | | | 04-17 | 2006 90021 | 013 130 | 0.00 | | | |
|---|---|---|-------------------------------------|--|--|-------------------|---------------------------|-----------------------------|--|--|
| Principal Plac | e of Business | Mailing Address | | | | 4 | | | | |
| 1320 NORTH ARLINGTON, | 1 Court House Rd. VA 22201 | 1717 ARCH STREET 21ST FL PHILADELPHIA, PA 19103 | | | | | III BIBBI BIIQI BSIBI IB | 1 1 | | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04032008 Chg-P | CR2 | 2E034 (12/06) | | | | |
| City & State | | City & State | | . 11 | 4. FEI Number 54-1885546 | | <u> </u> | oplied For ot Applicable | | |
| Zip | Country | Zip | Country | •• | 5. Certificate of Status De | | \$8.75 Add Fee Require | | | |
| | - 6. Name and Address of Current | Registered Agent | Nor | | 7. Name and Address of | New Registere | ad Agent | | | |
| CTCORP | ORATION SYSTEM | | Naii | Name | | | | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | City | 148.00 | | F | Zip Code | e i | | |
| 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 | | | | | | | | | | |
| | Englished types of printed figure of registered again. | and the happinease (NO) | c. negistered Agent si | Busine redoiled | when remstating) | DAT | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | 9. Election Campa Trust Fund Cont | | | 00 May Be ed to Fees | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/CHANGES T | O OFFICERS A | ND DIRECTOR | S IN 11 | | |
| title Name | CFOS JACKSON, CURTIS | ☐ Delete | TITLE NAME | | | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP | ONE VERIZON WAY BASKING RIDGE, NJ 07920 | | STREET ADDRE | ss | | | | | | |
| TITLE NAME | T FITZMIRE, ROBERT S | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 3900 WASHINGTON STREET WILMINGTON, DE 19802 | | NAME STREET ADDRE CITY-ST-ZIP | ss | | | | | | |
| TITLE NAME | D PÉNBERTHY, HELEN K | ☐ Delete | TITLE | | · | | _ 🌠 Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | 1320 N COURT HOUSE RD ARLINGTON, VA 22201 | | NAME STREET ADDRE CITY-ST-ZIP | ss 220 | of Loudoun Co | unty Pa | arkway | | | |
| TITLE | Р | ☐ De!ete | TITLE | 11121 | nburn, VA a | 1014-1 | ☐ Change | Addition | | |
| NAME STREET ADDRESS | FAIRBAIRN, DONALD B 6404 IVY LANE | | NAME STREET ADDRE | | | | | | | |
| CITY-ST-ZIP | GREENBELT, MD 20770 | | CITY-ST-ZIP | 333 | | | | 1 | | |
| TITLE NAME | AS MASON, J. DANIEL | ☐ Delete | TITLE | | , | | ☐ Change | Addition | | |
| STREET ADDRESS CITY-ST-ZIP | ONE VERIZON WAY BASKING RIDGE, NJ 07920 | | STREET ADDRE | ss | | | | | | |
| | V | N/2011 | _ | +,- | _ | | | No Annual Control | | |
| TITLE NAME | CRAIN, JANA L | Delete | TITLE NAME | VEA | tch magnici | R. | ☐ Change | Addition | | |
| STREET ADDRESS | 1717 ARCH ST 21ST FL | | STREET ADDRES | SS OAL | F VERIBALL LI | | | | | |
| City-St-Zip | PHILADELPHIA, PA 19103 | | CITY-ST-ZIP | Ba | tch MARCUS (E VERIZON W SKING Ridge | NJ 0 | 7920 | | | |
| 12. I hereby of | pertify that the information supplied with on this report or supplemental report is | this filing does not qualify for | or the exemption | s contained | in Chapter 19, Florida Stat | utes. I further o | certify that the in | formation 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: | mancus R. Veatch | MARCUS R. VEAtch | VP-Taxes | 4110108 | 908-559-5796 |
|------------|--|--------------------------|----------|---------|-----------------|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIG | NING OFFICER OR DIRECTOR | | Date | Daytime Phone # |