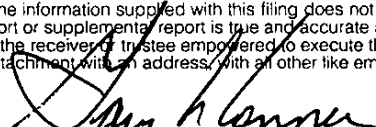


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90102 040 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F03000001178</b><br>1. Entity Name<br><b>VERIZON TECHNOLOGY CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                                                                                     |                                                                                     |                                                                                                                                                      |  |
| Principal Place of Business<br><b>2980 FAIRVIEW PARK DR<br/>5TH FLR<br/>FALLS CHURCH, VA 22042</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                                                                                                                     | Mailing Address<br><b>750 CANYON DRIVE<br/>INCOME TAX DEPT<br/>COPELL, TX 75019</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      | 3. Mailing Address                                                                                                  |                                                                                     |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | Suite, Apt. #, etc.                                                                                                 |                                                                                     |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | City & State                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                              | Zip                                                                                                                 | Country                                                                             |                                                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |                                                                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                     |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br>WEGLEITNER, MARK A<br>2980 FAIRVIEW PARK DR, 5TH FLR<br>FALLS CHURCH, VA 22042 <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | President<br>Wegleitner, Mark A<br>One Verizon Way 2nd Floor<br>Basking Ridge, NJ 07920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>JORDAN, WESLEY E JR<br>1300 N 17TH STREET<br>ARLINGTON, VA 22209 <input checked="" type="checkbox"/> Delete     |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | Director<br>Bates, Paul<br>1300 North 17th Street<br>Arlington, VA 22209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V<br>CONNER, GARY L<br>750 CANYON DR.<br>COPELL, TX 75019 <input type="checkbox"/> Delete                            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <div style="height: 40px;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V<br>JANKUN, RICHARD P<br>1095 AVE. OF THE AMERICAS<br>NEW YORK, NY 10036 <input type="checkbox"/> Delete            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | VP<br>Jankun, Richard P<br>One Verizon Way 3rd Floor<br>Basking Ridge, NJ 07920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V<br>MASCHING, RICHARD R<br>750 CANYON DR.<br>COPELL, TX 75019 <input type="checkbox"/> Delete                       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <div style="height: 40px;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DS<br>DROST, MARIANNE<br>ONE VERIZON WAY 4TH FLOOR<br>BASKING RIDGE, NJ 07920 <input type="checkbox"/> Delete        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <div style="height: 40px;"></div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered. |                                                                                                                      |                                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                     | Gary L. Conner, VP-Taxes                                                            |                                                                                                                                                                                                                                       |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                     | <small>Date</small>                                                                 |                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                     | <small>Daytime Phone #</small>                                                      |                                                                                                                                                                                                                                       |  |

214-285-2571

# ATTACHMENT

40106385

VERIZON TECHNOLOGY CORP.

FEIN 04-3509351

Doc# F03000001178

| <u>Name</u>         | <u>Director</u> | <u>Officer Title</u>   | <u>Office</u>                                     |
|---------------------|-----------------|------------------------|---------------------------------------------------|
| Mark A. Wegleitner  | YES             | President              | One Verizon Way 2nd FL<br>Basking Ridge, NJ 07920 |
| John Torre          | No              | Vice President-Finance | One Verizon Way 2nd FL<br>Basking Ridge, NJ 07920 |
| Gary L. Conner      | No              | Vice President-Taxes   | 750 Canyon Dr<br>Coppell, TX 75019                |
| Richard P. Jankun   | No              | Vice President-Taxes   | One Verizon Way 3rd FL<br>Basking Ridge, NJ 07920 |
| Richard R. Masching | No              | Vice President-Taxes   | 750 Canyon Dr<br>Coppell, TX 75019                |
| Marianne Drost      | No              | Secretary              | One Verizon Way 4th FL<br>Basking Ridge, NJ 07920 |
| Janet M. Garrity    | No              | Treasurer              | 3900 Washington St 2nd FL<br>Wilmington, DE 19802 |
| John S. Cullina     | No              | Assistant Secretary    | 1515 N. Ct House Rd #500<br>Arlington, VA 22201   |
| Rosalynn Christian  | No              | Assistant Secretary    | 600 Hidden Ridge<br>Irving, TX 75038              |
| Neil D. Olson       | No              | Assistant Treasurer    | One Verizon Way 3rd FL<br>Basking Ridge, NJ 07920 |
| Paul D. Bates       | YES             | (director only)        | 1300 North 17th Street<br>Arlington, VA 22209     |
| Jonathan L. Spear   | YES             | (director only)        | 1945 Gallows Rd., Room 5058<br>Vienna, VA 22182   |

Date term of office expires: Term is perpetual.

**Annual Report Mailing Address**  
VERIZON TECHNOLOGY CORP.  
Verizon Shared Services Center  
Income Tax Department  
750 Canyon Dr  
Coppell, TX 75019