

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002508

Entity Name
ERIZON SERVICES ORGANIZATION INC.



Principal Place of Business

**600 HIDDEN RIDGE
IRVING, TX 75038**

Mailing Address

**INCOME TAX DEPT.
750 CANYON DRIVE
COPPELL, TX 75019**



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1130781

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**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**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

**1100000325397
04/23/05-80015-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOWELL, GEORGE S
STREET ADDRESS	240 E. 38TH ST/237 E. 37TH ST
CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	D
NAME	DROST, MARIANNE
STREET ADDRESS	1095 AVE. OF THE AMERICAS, ROOM 4124
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	V
NAME	FARRIS, JACK
STREET ADDRESS	1095 AVENUE OF THE AMERICAS, ROOM 3812
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	D
NAME	HALL, EDWIN F
STREET ADDRESS	1717 ARCH STREET, 46TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	V
NAME	CONNER, GARY L
STREET ADDRESS	750 CANYON DRIVE
CITY-ST-ZIP	COPPELL, TX 75019
TITLE	V
NAME	JANKUN, RICHARD P
STREET ADDRESS	1095 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Gary L. Conner, VP - Taxes 4/14/2005

214-285-2571

Date

Daytime Phone #