2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# F03000002508

Entity Name: VERIZON SERVICES ORGANIZATION INC.

Current Principal Place of Business:

600 HIDDEN RIDGE
IRVING, TX 75038

New Principal Place of Business:

Current Mailing Address:

INCOME TAX DEPT.
700 HIDDEN RIDGE , W03C01
IRVING, TX 75038

New Mailing Address:

FEI Number: 06-1130781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DOWELL, GEORGE S	
Address:	ONE VERIZON WAY 03 FL	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	D	( ) Delete
Name:	DROST, MARIAANE	
Address:	ONE VERIZON WAY 04 FL	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	V	( ) Delete
Name:	WHITE, JACK H	
Address:	ONE VERIZON WAY, 3RD FLOOR	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	D	( ) Delete
Name:	HALL, EDWIN F	
Address:	ONE VERIZON WAY, 2ND FLOOR	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:	V	( ) Delete
Name:	CONNER, GARY L	
Address:	700 HIDDEN RIDGE, 3RD FLOOR	
City-St-Zip:	IRVING, TX 75038	
Title:	V	( ) Delete
Name:	JANKUN, RICHARD P	
Address:	ONE VERIZON WAY 03 FL	
City-St-Zip:	BASKING RIDGE, NJ 07920	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KEARNS, MARK F	
Address:	ONE VERIZON WAY, 556	
City-St-Zip:	BASKING RIDGE, NJ 07920	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. CONNER VP 04/09/2009

Electronic Signature of Signing Officer or Director — Date