


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 035 ***150.00

DOCUMENT # F05000007323 1. Entity Name VERIZON INTERNET SERVICES INC.					
Principal Place of Business 1880 CAMPUS COMMONS DRIVE RESTON, VA 20191			Mailing Address 1209 ORANGE STREET WILMINGTON, DE 19801		
2. Principal Place of Business - No P.O. Box # 22001 Loudoun County Parkway		3. Mailing Address 700 Hidden Ridge			
Suite, Apt. #, etc. mail code C1-3-501		Suite, Apt. #, etc. Attn: Income Tax, HQW03C01			
City & State Ashburn, VA		City & State Irving, TX		4. FEI Number 54-1793605	
Zip 20147		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEILIG, WILLIAM J ONE VERIZON WAY BASKING RIDGE, NJ 07920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNELL, MARILYN H ONE VERIZON WAY BASKING RIDGE, NJ 07920	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIMSATT, JOHN A ONE VERIZON WAY BASKING RIDGE, NJ 07920	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIN, JANA L 1717 ARCH STREET, 15TH FLOOR PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAILEY, THOMAS M 1880 CAMPUS COMMONS DRIVE RESTON, VA 20191	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY, JANET M 3900 WASHINGTON AVENUE, 2ND FLOOR WILMINGTON, DE 19802	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Straight, James E. 7600 Montpelier Road LAUREL, MD 20723	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNER, Gary L. 700 Hidden Ridge Irving, TX 75038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 1515 N. Court House Road Arlington, VA 22201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 all other like empowered.					
SIGNATURE: <u>Gary L. Conner</u> GARY L. CONNER, VP-TAXES <u>4/7/08</u> <u>972-718-0611</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					