

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90007 041 \*\*\*150.00

**60020954**



02022006 Chg-P CR2E034 (11/05)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>DOCUMENT # F93000005851</b><br>1. Entity Name<br><b>VERIZON FEDERAL INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                       |                                                                          |
| Principal Place of Business<br><b>1710 H. STREET, N.W.<br/>WASHINGTON, DC 20006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                        | Mailing Address<br><b>1717 ARCH STREET<br/>15TH FLOOR<br/>PHILADELPHIA, PA 19103 US</b> |                                                                                                                                                                                                                                       |                                                                          |
| 2. Principal Place of Business<br><b>1320 North Court House Rd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>21st Floor</b>                                                         |                                                                                         | 4. FEI Number<br><b>52-1843957</b><br>Applied For<br><input type="checkbox"/> Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                       |                                                                          |
| City & State<br><b>Arlington, VA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | City & State<br>City & State                                                                                           |                                                                                         |                                                                                                                                                                                                                                       |                                                                          |
| Zip<br><b>22201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                       | Zip                                                                                                                    | Country                                                                                 |                                                                                                                                                                                                                                       |                                                                          |
| 6. Name and Address of Current Registered Agent<br><b>CT 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                       |                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                         |                                                                                                                                                                                                                                       |                                                                          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                            |                                                                                                                                                                                                                                       |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PD<br>WEGLEITNER, MARK A<br>2107 WILSON BLVD<br>ARLINGTON, VA 22201           | <input type="checkbox"/> Delete                                                                                        |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | 2980 Fairview Park Drive<br>Falls Church, VA 22042                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V<br>CRAIN, JANA L<br>1717 ARCH STREET, 15TH FLOOR<br>PHILADELPHIA, PA 19103  | <input type="checkbox"/> Delete                                                                                        |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | 1717 Arch Street, 21st Floor                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AS<br>CULLINA, JOHN S<br>1515 N COURT HOUSE ROAD<br>ARLINGTON, VA 22201       | <input type="checkbox"/> Delete                                                                                        |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VD<br>JORDAN, WESLEY E JR<br>1300 N 17TH ST #1200<br>ARLINGTON, VA 22209      | <input type="checkbox"/> Delete                                                                                        |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T<br>GARRITY, JANET M<br>3900 WASHINGTON STREET<br>WILMINGTON, DE 19802       | <input type="checkbox"/> Delete                                                                                        |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>HEITMANN, WILLIAM F<br>1095 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10036 | <input checked="" type="checkbox"/> Delete                                                                             |                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | D<br>WEBSTER, CATHERINE T.<br>ONE VERIZON WAY<br>BASKING RIDGE, NJ 07920 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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. |                                                                               |                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                       |                                                                          |
| <b>SIGNATURE:</b> <i>Jana L. Crain</i> <b>JANA L. CRAIN, VICE PRES-TAXES</b> <b>2/1/06</b> <b>215-466-4185</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                        |                                                                                         |                                                                                                                                                                                                                                       |                                                                          |