2008 FOR PROFIT CORPORATION ANNUAL REPORT					Apr 17, 2008 8:00 an Secretary of State				
DOCUMENT # F95000005288 1. Entity Name BELL ATLANTIC PERSONAL COMMUNICATIONS, INC.						04-17-2008	3 90019 046 * <sup>,</sup>	**150.00	
Principal Plac ONE VERIZO BASKING RID	9103 US	103 US							
2. Principal P	Pace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032008	Chg-P	CR2E034 (12	/06)	
City & State		City & State			4. FEI Number 23-2696	501		Applied For	
Zip	Country	Zip	Country		· · · · ·	Status Desired	E \$8.7	Additional quired	
	Name	<del></del>		ddress of New F	Registered Agent-				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zic	Code	
	Signature, typed or printed name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cor	htribution.	\$5.	00 May Be ed to Fees		DATE		
O. TLE AME TREET ADDRESS TY - ST - ZIP	OFFICERS AND S DROST, MARIANNE ONE VERIZON WAY BASKING RIDGE, NJ 07920		11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/C	HANGES TO OFF	EICERS AND DIREC		
TLE AME TREET ADDRESS TY - ST - ZIP	VT GARRITY, JANET M 3900 WASHINGTON ST 2ND FL WILMINGTON, DE 19802		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ch:	inge 🗍 Addition	
TLE Ame Treet address Ty - St - Zip	V CRAIN, JANA L 1717 ARCH STREET, 21ST FLOI PHILADELPHIA, PA 19103	X Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	V Pate Inin Phil	HA, Ster ARCH S Adelphia	hen F. Ireet, 21s PA 191	□ Chi + Flooiz 03	inge 🕅 Addition	
TLE AME REET ADDRESS TY - ST - ZIP	VAS MARX, PHILIP R ONE VERIZON WAY BASKING RIDGE, NJ 07920	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	Cha	inge 🔲 Addition	
ILE IME REET ADDRESS IY-ST-ZIP	D WEBSTER, CATHERINE T ONE VERIZON WAY BASKING RIDGE, NJ 07920	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cha	nge 🗌 Addition	
ile Ime Reet <b>address</b> FY-ST-ZIP	PD DIERCKSEN, JOHN W 140 WEST ST NEW YORK, NY 10007	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP				Cha	nge 🔲 Additior	
Indicated		true and accurate and that wered to execute this report vith all other like empowered	my signature shall h t as required by Cha t. TEPHEN F. P.	ave the s apter 607	ame legal effect a , Florida Statutes;	as if made under and that my nam	oath; that I am an o e appears in Block	ficer or director	

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