

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

|                                                                  |                                                                                                                                                                                             |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b> |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT #** *F95000005399*

**1. Corporation Name**  
**Bell Atlantic Communications, Inc.**

**Principal Place of Business** **Mailing Address**

|                                                        |                            |                                                                  |  |                                                                                 |                                |
|--------------------------------------------------------|----------------------------|------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--------------------------------|
| <b>2. Principal Place of Business</b>                  |                            | <b>2a. Mailing Address</b>                                       |  | <b>3. Date Incorporated or Qualified</b><br>11/03/1995                          | <b>3a. Date of Last Report</b> |
| <b>21</b> 1320 N. Court House Rd.                      | <b>26</b> 1717 ARCH STREET | <b>4. FEI Number</b><br>54-1762657                               |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                |
| <b>22</b> 2nd Floor                                    | <b>27</b> 32ND FLOOR       | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                                           |                                |
| <b>23</b> Arlington, VA                                | <b>28</b> PHILADELPHIA PA  | <b>6. Election Campaign Financing</b> <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>                                              |                                |
| <b>24</b> 22201                                        | <b>25</b> USA              | <b>29</b> 19103                                                  |  | <b>30</b>                                                                       |                                |
| <b>9. Name and Address of Current Registered Agent</b> |                            | <b>10. Name and Address of New Registered Agent</b>              |  |                                                                                 |                                |

**CT Corporation System**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

**SIGNATURE** \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                            |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b> P/D/CE                                   | <input type="checkbox"/> DELETE | <b>11. TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> ALFRED G. BINFORD                         |                                 | <b>12. NAME</b>                                       |                                                                   |
| <b>STREET ADDRESS</b> 1320 N. COURT HOUSE RD.         |                                 | <b>13. STREET ADDRESS</b>                             |                                                                   |
| <b>CITY-STATE-ZIP</b> ARLINGTON, VA 22201             |                                 | <b>14. CITY-STATE-ZIP</b>                             |                                                                   |
| <b>TITLE</b> D                                        | <input type="checkbox"/> DELETE | <b>21. TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> JULIE A. DOBSON                           |                                 | <b>22. NAME</b>                                       |                                                                   |
| <b>STREET ADDRESS</b> 1717 ARCH STREET, 29th FLOOR    |                                 | <b>23. STREET ADDRESS</b>                             |                                                                   |
| <b>CITY-STATE-ZIP</b> PHILADELPHIA, PA 19103          |                                 | <b>24. CITY-STATE-ZIP</b>                             |                                                                   |
| <b>TITLE</b> D                                        | <input type="checkbox"/> DELETE | <b>31. TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> STEPHEN E. SMITH                          |                                 | <b>32. NAME</b>                                       |                                                                   |
| <b>STREET ADDRESS</b> 1717 ARCH STREET, 40th FLOOR    |                                 | <b>33. STREET ADDRESS</b>                             |                                                                   |
| <b>CITY-STATE-ZIP</b> PHILADELPHIA, PA 19103          |                                 | <b>34. CITY-STATE-ZIP</b>                             |                                                                   |
| <b>TITLE</b> S/T/CPD                                  | <input type="checkbox"/> DELETE | <b>41. TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> DEBRA A. KAUFMAN                          |                                 | <b>42. NAME</b>                                       |                                                                   |
| <b>STREET ADDRESS</b> 1320 N. COURT HOUSE RD.         |                                 | <b>43. STREET ADDRESS</b>                             |                                                                   |
| <b>CITY-STATE-ZIP</b> ARLINGTON, VA 22201             |                                 | <b>44. CITY-STATE-ZIP</b>                             |                                                                   |
| <b>TITLE</b> AT                                       | <input type="checkbox"/> DELETE | <b>51. TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> PAUL N. KELLY                             |                                 | <b>52. NAME</b>                                       |                                                                   |
| <b>STREET ADDRESS</b> 1717 ARCH ST., 30th FLOOR       |                                 | <b>53. STREET ADDRESS</b>                             |                                                                   |
| <b>CITY-STATE-ZIP</b> PHILADELPHIA, PA 19103          |                                 | <b>54. CITY-STATE-ZIP</b>                             |                                                                   |
| <b>TITLE</b> AS                                       | <input type="checkbox"/> DELETE | <b>61. TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b> CECELIA Raudiez                           |                                 | <b>62. NAME</b>                                       |                                                                   |
| <b>STREET ADDRESS</b> 1710 H STREET, N.W., 11th FLOOR |                                 | <b>63. STREET ADDRESS</b>                             |                                                                   |
| <b>CITY-STATE-ZIP</b> WASHINGTON, DC 20006            |                                 | <b>64. CITY-STATE-ZIP</b>                             |                                                                   |

**14.** I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.04(3)(a), Florida Statutes. I understand that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were signed by me in person. I, the undersigned, am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and my full name appears in Block 12, Block 13 or Block 14 or on an attachment with an address.

**SIGNATURE:** *Paul N. Kelly* **8/7/96** **(215) 963-6343**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**PAUL N. KELLY - ASST. TREASURER**

CR2E031 (3/96)