

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90131 049 \*\*\*150.00

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DOCUMENT # F95000005399

1. Corporation Name

BELL ATLANTIC COMMUNICATIONS, INC.

Principal Place of Business

1320 N. COURT HOUSE RD.  
ARLINGTON VA 22201

Mailing Address

1717 ARCH STREET  
30TH FLOOR  
PHILADELPHIA PA 19103  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

54-1762657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1717 Arch St.

Suite, Apt. #, etc.

27 15th FL.

City & State

28 Philadelphia, PA

Zip

29 19103

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDCE ☐ DELETE

NAME BINFORD, ALFRED G  
STREET ADDRESS 1320 N. COURT HOUSE RD.  
CITY-ST-ZIP ARLINGTON VA 22201

TITLE D ☒ DELETE

NAME DOBSON, JULIE A  
STREET ADDRESS 1717 ARCH ST 29TH FLOOR  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE D ☐ DELETE

NAME SMITH, STEPHEN  
STREET ADDRESS 1717 ARCH ST 29TH FLOOR  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE STC ☐ DELETE

NAME KAUFMAN, DEBRA A  
STREET ADDRESS 1320 N. COURT HOUSE RD.  
CITY-ST-ZIP ARLINGTON VA 22201

TITLE AT ☐ DELETE

NAME KELLY, PAUL N  
STREET ADDRESS 1717 ARCH ST. 30TH FLOOR  
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE AS ☐ DELETE

NAME YARBROUGH, MARY AMES  
STREET ADDRESS 1320 N COURTHOUSE RD  
CITY-ST-ZIP ARLINGTON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul N. Kelly PAUL N. KELLY

1/12/99

Date

215-963-6343

Daytime Phone #

CR2E034 (11/98)