

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005399

1. Entity Name

BELL ATLANTIC COMMUNICATIONS, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90081 010 \*\*\*150.00

Principal Place of Business

1320 N. COURT HOUSE RD.  
ARLINGTON VA 22201

Mailing Address

1717 ARCH STREET  
15TH STREET  
PHILADELPHIA PA 19103-2713  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1762657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P/CEO/D ☐ Change ☒ Addition  
NAME MAURA C. BREEN  
STREET ADDRESS 1372 Broadway, 8th Fl.  
CITY-ST-ZIP New York, NY 10018

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE CFO/T/S ☐ Change ☒ Addition  
NAME Gilbert A. Smith  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 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

Date

1/23/2000

Daytime Phone #

215-963-6343

CR2E034 (9/99)