

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90055 013 \*\*\*150.00

**DOCUMENT # F95000005399**

1. Entity Name  
**BELL ATLANTIC COMMUNICATIONS, INC.**



Principal Place of Business  
**1320 NORTH COURT HOUSE ROAD  
ARLINGTON, VA 22201**

Mailing Address  
**1717 ARCH STREET  
15TH FLOOR  
PHILADELPHIA, PA 19103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005

Chg-P

CR2E034 (10/03)

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BROLEN, JOHN D**  
STREET ADDRESS **1320 N COURT HOUSE RD.**  
CITY-ST-ZIP **ARLINGTON, VA 22201**

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

TITLE **CFOS** ☒ Delete  
NAME **SCHMIDT, GINGER L**  
STREET ADDRESS **1320 N. COURT HOUSE RD**  
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE **AS** ☐ Delete  
NAME **PERRETT, LONDA C**  
STREET ADDRESS **600 HIDDEN RIDGE**  
CITY-ST-ZIP **IRVING, TX 75038**

TITLE **VP** ☐ Delete  
NAME **CRAIN, JANA L**  
STREET ADDRESS **1717 ARCH STREET, 15TH FL**  
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE **T** ☐ Delete  
NAME **EITZMIIRE, ROBERT S**  
STREET ADDRESS **3900 WASHINGTON ST., 2ND FLOOR**  
CITY-ST-ZIP **WILMINGTON, DE 19802**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME **CFOS**  
STREET ADDRESS **Amelia Hwy**  
CITY-ST-ZIP **1880 Campus Commons Drive  
Reston, VA 20191**

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

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

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **Robert S. Fitemire**  
CITY-ST-ZIP **3900 Washington Street, 2nd Fl.  
Wilmington, DE 19802**

12. 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 10 or Block 11 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

Date

Daytime Phone #

**Jana L. Crain, Vice Pres. Tax** **2/9/05** **915-963-6615**