

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F95000005532**

1. Entity Name  
**NYNEX PCS INC.**



Principal Place of Business  
**ONE VERIZON WY  
BASKING RIDGE, NJ 07920 US**

Mailing Address  
**1717 ARCH ST  
21ST FLOOR  
PHILADELPHIA, FL 19103 US**



04102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3762382**

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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	CRAIN, JANA L
STREET ADDRESS	1717 ARCH ST, 21ST FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	S
NAME	DROST, MARIANNE
STREET ADDRESS	ONE VERIZON WY
CITY-ST-ZIP	BASKING RIDGE, NJ 07920
TITLE	VT
NAME	GARRITY, JANET M
STREET ADDRESS	3900 WASHINGTON STREET
CITY-ST-ZIP	WILMINGTON, DE 19802
TITLE	PD
NAME	DIERCKSEN, JOHN W
STREET ADDRESS	140 W ST
CITY-ST-ZIP	NEW YORK, NY 10007
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000727027  
05/04/07-80031-005.150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **JANA L CRAIN VICE PRES-TAXES** **4/12/07** **215-466-4185**