

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

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000930 (5)**

1. Corporation Name

NYNEX LONG DISTANCE COMPANY



Principal Place of Business 1111 WESTCHESTER AVE WHITE PLAINS NY 10604	Mailing Address 1111 WESTCHESTER AVE WHITE PLAINS NY 10604-3509
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3. Date Incorporated or Qualified 02/23/1996	3a. Date of Last Report
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2. Principal Place of Business 21 200 PARK AVE Suite, Apt. #, etc. 22 City & State 23 NEW YORK NY Zip 24 10166	2a. Mailing Address 26 1095 AVE OF AMERICAS Suite, Apt. #, etc. 27 TAX DEPT - Room 3139 City & State 28 NEW YORK NY Zip 29 10036
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4. FEI Number 13-3871399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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	<input type="checkbox"/> DELETE
NAME	DCP ANDERSON, ROBERT T
STREET ADDRESS	1095 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	<input type="checkbox"/> DELETE
NAME	DC BOWDEN, JEFFREY A
STREET ADDRESS	1095 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	<input type="checkbox"/> DELETE
NAME	T TURNER, COLSON P
STREET ADDRESS	1095 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	<input type="checkbox"/> DELETE
NAME	S CUDDY, JOHN C
STREET ADDRESS	1113 WESTCHESTER AVE
CITY-ST-ZIP	WHITE PLAINS NY 10604
TITLE	<input type="checkbox"/> DELETE
NAME	COM GRIGOLEIT, ROSLYN G
STREET ADDRESS	1111 WESTCHESTER AVE
CITY-ST-ZIP	WHITE PLAINS NY 10604
TITLE	<input type="checkbox"/> DELETE
NAME	COM WEISS, RICHARD
STREET ADDRESS	1111 WESTCHESTER AVE
CITY-ST-ZIP	WHITE PLAINS NY 10604

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **ROSLYN G GRIGOLEIT**
ASST. COMPTROLLER 3/25/97 (212) 395-1486

CR2E034 (9/96)