APR 30 '98 13:16 BA-NSI

FILED
Jun 24 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS $650.00

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000930

1. Corporation Name
Nynex Long Distance Company

Principal Place of Business | Mailing Address

600002571360
-06/24/98--01065--047
***150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1095 Ave of the Americas
Suite, Apt. #, etc.
22 31st floor
City & State
23 New York, NY 10036
Zip | 24
Country | 25

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27
City & State
28
Zip | 29
Country | 30

3. Date Incorporated or Qualified
2/02/96

4. FEI Number
13-3871399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: CT Corp System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
83 City: Plantation, FL 33324
84 | 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/ Director Alfred Binford 1320 North Court House Rd Arlington, VA 22201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer, Secretary Debra Kaufman 1320 N Court House Rd Arlington, VA 22201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Asst Treasurer Paul N Kelly 1717 Arch St Phila, PA 19103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Asst Comptroller Richard Weiss 1095 Ave of the Americas New York, NY 10036	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP Kelly Bloss 1320 N Court House Rd Arlington, VA 22201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Melvin Meskin 1095 Ave of the Americas New York, NY 10036	☐ Change ☒ Addition

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.

Richard Weiss 4/30/98 (212) 395-1384
SIGNATURE: Richard Weiss DATE TELEPHONE NUMBER