2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F9600000930** Feb 04, 2000 8:00 am Secretary of State NYNEX LONG DISTANCE COMPANY 02-04-2000 90081 009 ***150.00 Mailing Address Principal Place of Business 1717 ARCH STREET 1095 AVENUE OF THE AMERICAS 15TH FLOOR 31ST FLOOR DOULAGGA PHILADELPHIA PA 19103-2713 NEW YORK NY 10036 3. Mailing Address 2. Principal Place of Business 1372 Broadway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. th FLOOR Applied For City & State 4. FEI Number 13-3871399 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PCEO** PICEDID ☐ Addition Delete TITLE TITLE . GRAINA VERONICA GRALHA, VERONICA NAME NAME 1372 Broadway, 8th Fl. 1095 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP New YORK, NY CITY-ST-ZIP **NEW YORK NY 10036** ☐ Addition CTS Change ☐ Delete TITLE TITLE RANNEY, WILLIAM H NAME NAME STREET ADDRESS 1320 N COURT HOUSE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ARLINGTON VA 22201 Change Ch ☐ Addition Delete TITLE TITLE KELLY, PAUL N NĂMĒ NAME 1717 ARCH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PHILADELPHIA PA 19103 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FARINA, JOSEPH C NAME NAME 1095 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10036** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZiP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

RE: SIGNATURE AND TYPED OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1 b3bm

215-963-6343

Daytime Phone #

☐ Change

☐ Addition