FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # F9600000930					05-13-2002 9	0192 019	9 ***150.00
NYNEX Long Dista	nce Compa	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
DO NOT WRITE IN THIS SPACE							i
2. Principal Place of Business 1320 N. Coulet House Da	Principal Place of Business 3. Mailing Address 20 N. Govet House Rd. 1717 Arch S						
Suite, Apr. #, etc. 9th Floor	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
ARlington, VA	Philadelphia, Pf		A	4. FEI Number	371399		Applied For Not Applicable
APAOI USA	Zip 19103	3 Cour		5. Certificate of S		Fee Re	5 Additional equired
DO NOT WRITE IN THIS SPACE			Name C T Street Address	Coepoeati	on System Not Acceptable	ກ	
	,	_	City Plant	tation		FL ટું	Code 3324
8. The above named entity submits this statement for	the purpose of changing its	registere	ed office or regist	ered agent, or both, in	n the State of Florida.	! .	
Signature Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registere:	l Agont signature requi	ed when reinstating) -	\$D	ATE	
f. This corporation is eligible to satisfy its Intangible. Tax filing requirement and elects to do so. (See criteria on back)	January 1. Ma After May Amended Make Check Payabl	1, Fee Is I UBR is	\$550.00 \$61.25	i lnist F	n Campaign Financing und Centribution.		\$5.00 May Be Added to Fees
TITLE P/CEO/D	IRECTORS	TITLE		-			5
STREET ADDRESS GGGS N. MACARTA	TRVING, TX 75039-2443						CRZE034B (12/01)
CITY-SI-ZIP ARLICE too. VA 22	DEDEA A. KAUTMAN 1320 N. COURT HOUSE Rd. ARLIGHTON VA 22201		T ADDRESS ST- ZIP				CR2E0
TITLE VP J NAME STRELLADORESS CITY-ST-71P Philadelobia Pa 1	Jana L. CRAIN-			DO	NOT WI	RITE	
NAME John D. Broten STREET ADDRESS 1320 N. COURT HOUSE	AS John D. Broten				THIS SPA		
STREET ADDRESS 8300-G Guilford	19300-G GUITONA RA.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	, TITLE -NAME -STREET -CITY-S	ADDRESS T-ZIP	10 16 10 10 10 10 10 10 10 10 10 10 10 10 10	The second secon	April American	Year less
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empore attachment with an address with all other like empore	vered to execute this report of the control of the	as requir Jano Vice	red by Chapter 6 L. CRA PRESIDEN	same legar effect as i 607, Florida Statutes: a	I made under oath; tha and that my name app	ears in Bloc	