


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90012 036 \*\*\*150.00

<b>DOCUMENT # F96000000930</b>						
<b>1. Entity Name</b> NYNEX LONG DISTANCE COMPANY						
<b>Principal Place of Business</b> 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 US			<b>Mailing Address</b> 1717 ARCH STREET 15TH FLOOR PHILADELPHIA, PA 19103 US			
<b>2. Principal Place of Business</b> 140 West Street		<b>3. Mailing Address</b> Suite, Apt. #, etc. 21st Floor		<b>50000315</b>		
City & State		City & State		02022006 Chg-P CR2E034 (11/05)		
Zip 10007		Country		<b>4. FEI Number</b> 13-3871399		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> D	<b>NAME</b> MCCULLY, STEVEN G		<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> SCORIC, KATHY A.	
<b>STREET ADDRESS</b> 8300 G GUILFORD ROAD	<b>CITY-ST-ZIP</b> COLUMBIA, MD 21046		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 989 CORPORATE BLVD.	<b>CITY-ST-ZIP</b> LINTHICUM HEIGHTS, MD 21090	
<b>TITLE</b> P	<b>NAME</b> BROTEN, JOHN D		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> CRAIN, JANA L	
<b>STREET ADDRESS</b> 1320 N. COURT HOUSE ROAD	<b>CITY-ST-ZIP</b> ARLINGTON, VA 22201		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1717 ARCH STREET 15TH FLOOR	<b>CITY-ST-ZIP</b> PHILADELPHIA, PA 19103	
<b>TITLE</b> VP	<b>NAME</b> CRAIN, JANA L		<input type="checkbox"/> Delete	<b>TITLE</b> V	<b>NAME</b> BURKHARDT, CHARLES A	
<b>STREET ADDRESS</b> 750 CANYON DRIVE	<b>CITY-ST-ZIP</b> COPPELL, TX 75019		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1717 Arch Street, 21st Floor	<b>CITY-ST-ZIP</b> PHILADELPHIA, PA 19103	
<b>TITLE</b> CFOS	<b>NAME</b> HAY, ARRELIA		<input type="checkbox"/> Delete	<b>TITLE</b> T	<b>NAME</b> FITZMIRE, ROBERT S	
<b>STREET ADDRESS</b> 1880 CAMPUS COMMONS DRIVE	<b>CITY-ST-ZIP</b> RESTON, VA 20191		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 3900 WASHINGTON ST, 2ND FL	<b>CITY-ST-ZIP</b> WILMINGTON, DE 19802	
<b>TITLE</b> T	<b>NAME</b> FITZMIRE, ROBERT S		<input type="checkbox"/> Delete	<b>TITLE</b> HAY, AMELIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> <i>Jana L. Crain</i> JANA L. CRAIN, VICE PRES-TAXES 2/10/06 215-466-4185						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						