

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90200 004 \*\*\*150.00

**DOCUMENT # F96000000930**

1. Entity Name  
**NYNEX LONG DISTANCE COMPANY**



Principal Place of Business  
**140 WEST STREET  
NEW YORK, NY 10007 US**

Mailing Address  
**1717 ARCH STREET  
21ST FLOOR  
PHILADELPHIA, PA 19103 US**

**50001473**

2. Principal Place of Business - No P.O. Box #  
**1320 N. Court House Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State  
**ARLINGTON, VA**

City & State

4. FEI Number  
**13-3871399**

Applied For  
Not Applicable

Zip  
**22201**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **MCCULLY, STEVEN G**  
STREET ADDRESS **989 CORPORATE BLVD**  
CITY-ST-ZIP **LINTHICUM HEIGHTS, MD 21090**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRENDO, DAVID E.**  
STREET ADDRESS **ONE VERIZON WAY**  
CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE **P** ☒ Delete  
NAME **SCOVIC, KATHY A**  
STREET ADDRESS **6665 N. MACARTHUR BLVD**  
CITY-ST-ZIP **IRVING, TX 75039**

TITLE **P D** ☐ Change ☒ Addition  
NAME **BROTEN, JOHN D.**  
STREET ADDRESS **ONE VERIZON WAY**  
CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE **VP** ☐ Delete  
NAME **CRAIN, JANA L**  
STREET ADDRESS **1717 ARCH STREET, 21ST FLOOR**  
CITY-ST-ZIP **PHILADELPHIA, PA 19103**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BURKHARDT, CHARLES A**  
STREET ADDRESS **750 CANYON DRIVE**  
CITY-ST-ZIP **COPPELL, TX 75019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFOS** ☒ Delete  
NAME **HAY, AMELIA**  
STREET ADDRESS **1880 CAMPUS COMMONS DRIVE**  
CITY-ST-ZIP **RESTON, VA 20191**

TITLE **CFOS** ☐ Change ☒ Addition  
NAME **MORGAN, JAMES F.**  
STREET ADDRESS **ONE VERIZON WAY**  
CITY-ST-ZIP **BASKING RIDGE, NJ 07920**

TITLE **T** ☐ Delete  
NAME **FITZMIRE, ROBERT S**  
STREET ADDRESS **3900 WASHINGTON ST, 2ND FL**  
CITY-ST-ZIP **WILMINGTON, DE 19802**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANA L. CRAIN, VICE PRES-TAXES**

Date

Daytime Phone #

**4/12/07 215-466-4185**