


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90021 016 \*\*\*150.00

<b>DOCUMENT # F96000000930</b>	
<b>1. Entity Name</b> NYNEX LONG DISTANCE COMPANY	

<b>Principal Place of Business</b> 1320 N COURT HOUSE RD ARLINGTON, VA 22201 US	<b>Mailing Address</b> 1717 ARCH STREET 21ST FLOOR PHILADELPHIA, PA 19103 US
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40069811



<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04032008 Chg-P CR2E034 (12/06)

**4. FEI Number**  
13-3871399

**Applied For**  
☐ Not Applicable

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

<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
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**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, 2008 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	
<b>TITLE</b> D <b>NAME</b> GRENDON, DAVID E <b>STREET ADDRESS</b> ONE VERIZON WAY <b>CITY-ST-ZIP</b> BASKING RIDGE, NJ 07920	<input type="checkbox"/> Delete	<b>TITLE</b> V <b>NAME</b> FRENDO, David E. <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> BROTON, JOHN <b>STREET ADDRESS</b> ONE VERIZON WAY <b>CITY-ST-ZIP</b> BASKING RIDGE, NJ 07920	<input type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> CRAIN, JANA L <b>STREET ADDRESS</b> 1717 ARCH STREET, 21ST FLOOR <b>CITY-ST-ZIP</b> PHILADELPHIA, PA 19103	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V <b>NAME</b> MCGEEVER, Joseph J. <b>STREET ADDRESS</b> 1717 Arch Street, 21st Floor <b>CITY-ST-ZIP</b> Philadelphia, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> BURKHARDT, CHARLES A <b>STREET ADDRESS</b> 750 CANYON DRIVE <b>CITY-ST-ZIP</b> COPELL, TX 75019	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 700 Hidden Ridge <b>CITY-ST-ZIP</b> Irving, Tx 75038	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> CFOS <b>NAME</b> MORGAN, JAMES F <b>STREET ADDRESS</b> ONE VERIZON WAY <b>CITY-ST-ZIP</b> BASKING RIDGE, NJ 07920	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> FITZMIRE, ROBERT S <b>STREET ADDRESS</b> 3900 WASHINGTON ST, 2ND FL <b>CITY-ST-ZIP</b> WILMINGTON, DE 19802	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Joseph J. McGEEVER **Joseph J. McGEEVER, VP-Taxes** **4/8/2008** **215-466-1665**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #