

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90181 027 \*\*\*150.00

**DOCUMENT # F96000000930**

1. Entity Name

**NYNEX LONG DISTANCE COMPANY**



Principal Place of Business  
1320 N COURT HOUSE ROAD  
9TH FLOOR  
ARLINGTON VA 22201  
US

Mailing Address  
1717 ARCH STREET  
15TH FLOOR  
PHILADELPHIA PA 19103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3871399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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 **8300 G GUILFORD ROAD**  
CITY-ST-ZIP **COLUMBIA MD 21046**

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

TITLE **PCEO** ☐ Delete  
NAME **HAVENS, JOHN M**  
STREET ADDRESS **6665 N. MACARTHUR BLVD.**  
CITY-ST-ZIP **IRVING TX 75038**

TITLE **P/CEO/D** ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **VP** ☐ Delete  
NAME **CRAIN, JANA L**  
STREET ADDRESS **1717 ARCH STREET 15TH FLOOR**  
CITY-ST-ZIP **PHILADELPHIA PA 19103**

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

TITLE **AS** ☐ Delete  
NAME **BROTEN, JOHN D**  
STREET ADDRESS **1320 N COURT HOUSE RD**  
CITY-ST-ZIP **ARLINGTON VA 22201**

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

TITLE **CFOT** ☐ Delete  
NAME **KAUFMAN, DEBRA A**  
STREET ADDRESS **1320 N. COURT HOUSE RD**  
CITY-ST-ZIP **ARLINGTON VA 22201**

TITLE **CFO/S** ☒ Change ☐ Addition  
NAME **Schmidt, Ginger L.**  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE **T** ☐ Change ☒ Addition  
NAME **Fitzmire, Robert S.**  
STREET ADDRESS **3900 Washington St., 2nd Fl.**  
CITY-ST-ZIP **Wilmington, DE 19802**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANA L. Crain**

**Vice President-Taxes**

**2/14/03**

Date

Daytime Phone #

**215-963-6115**

CR2E034 (10/02)