


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90264 013 \*\*\*150.00

<b>DOCUMENT # F96000001908</b>	
1. Entity Name TTI NATIONAL, INC.	

40057100

Principal Place of Business ONE VERIZON WAY BASKING RIDGE, NJ 07920	Mailing Address VC31E233 ONE VERIZON WAY BASKING RIDGE, NJ 07920 US
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2. Principal Place of Business - No P.O. Box # ONE VERIZON WAY Suite, Apt. #, etc. VERIZON BUSINESS DEPT.	3. Mailing Address ONE VERIZON WAY Suite, Apt. #, etc. VERIZON BUSINESS DEPT.
City & State BASKING RIDGE, NJ	City & State BASKING RIDGE NJ
Zip 07920 Country SOMERSET	Zip 07920 Country SOMERSET



04222008 Chg-P CR2E034 (12/06)

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	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KILLIAN, JOHN F ONE VERIZON WAY BASKING RIDGE, NJ 07920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - TAXES CHARLES A. BURKHARDT 700 HIDDEN RIDGE IRVING TX 75038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEATCH, MARCUS ONE VERIZON WAY BASKING RIDGE, NJ 07920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY SUSAN MARTE 22001 LOUDOUN COUNTY PKWY ASHBURN VA 20147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZMIRE, ROBERT 3900 WASHINGTON ST WILMINGTON, DE 19802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY CRAIG SILLIMAN BASINGSTAKE ROAD, READING GER RG26DA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILCH, RANDAL S ONE VERIZON WAY BASKING RIDGE, NJ 07920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY RUSSELL WOOD 22001 LOUDOUN COUNTY PKWY ASHBURN VA 20147 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAMMO, FRANCIS J ONE VERIZON WAY BASKING RIDGE, NJ 07920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATOTA, STEPHEN F ONE VERIZON WAY BASKING RIDGE, NJ 07920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Marcus E. Veatch 4/22/08 908-559-5796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #