


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90182 022 ***150.00

DOCUMENT # F98000002686 1. Entity Name VERIZON AVENUE CORP.					
Principal Place of Business 12901 WORLDGATE DR. HERNDON, VA 20170			Mailing Address 2 CONWAY PARK 150 FIELD DRIVE # 300 LAKE FOREST, IL 60045		
2. Principal Place of Business		3. Mailing Address 1717 Arch Street Suite, Apt. #, etc. 21st Floor			
Suite, Apt. #, etc.		City & State Philadelphia, PA			
City & State		4. FEI Number 52-2287316		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 19103		Country USA		6. Name and Address of Current Registered Agent	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324 </div> <div style="width: 48%;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALLACE, WILLIAM F 2 CONWAY PARK 150 FIELD DR # 300 LAKE FOREST, IL 60045 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P CEVIS, ERIC D. ONE VERIZON WAY Basking Ridge, NJ 07920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT CHAZIN, KIM M 2 CONWAY PARK 150 FIELD DR # 300 LAKE FOREST, IL 60045 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-TAXES CRAIN, JANA L. 1717 Arch Street, 21st Floor Philadelphia, PA 19103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASON, J. DANIEL 2 CONWAY PARK 150 FIELD DR # 300 LAKE FOREST, IL 60045 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE VERIZON WAY BASKING Ridge, NJ 07920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY, JANET M 2 CONWAY PARK 150 FIELD DR # 300 LAKE FOREST, IL 60045 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3900 Washington Street, 2nd Fl. Wilmington, DE 19802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILCH, RANDAL S 2 CONWAY PARK, 150 FIELD DR., #300 LAKE FOREST, IL 60045 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CARDINALE, LAURA A. ONE VERIZON WAY BASKING Ridge, NJ 07920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, DOUGLAS R 2 CONWAY PARK, 150 FIELD DR., #300 LAKE FOREST, IL 60045 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MAIDONADO, Jeffrey A. ONE VERIZON WAY BASKING Ridge, NJ 07920	
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: <i>Jana L. Crain</i> JANA L. CRAIN 4/28/06 215-466-4185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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