


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90334 023 \*\*\*\*50.00

<b>DOCUMENT # M97000000483</b>	
1. Entity Name <b>VERIZON BUSINESS PURCHASING LLC</b>	

Principal Place of Business <b>22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147 US</b>	Mailing Address <b>TAX DEPT 8408 BLDG C2-3 512 22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147 US</b>
--	--

**60047454**



2. Principal Place of Business - No P.O. Box # <b>ONE VERIZON WAY</b>	3. Mailing Address <b>ONE VERIZON WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>VC31E233</b>
City & State <b>BASKING RIDGE NJ</b>	City & State <b>BASKING RIDGE NJ</b>
Zip <b>07920</b>	Country <b>USA</b>

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>72-1380746</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KILLIAN, JOHN F 22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE VERIZON WAY BASKING RIDGE NJ 07920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VEATCH, MARCUS 22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILCH, RANDAL S ONE VERIZON WAY BASKING RIDGE NJ 07920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAMMO, FRANCIS J ONE VERIZON WAY BASKING RIDGE NJ 07920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **FRANCIS J. SHAMMO**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

908 559 1476

Date

Daytime Phone #