

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90039 030 ***138.75

DOCUMENT # M98000000720

1. Entity Name
MCIMETRO ACCESS TRANSMISSION SERVICES LLC



Principal Place of Business
**ONE VERIZON WAY
VC31E233
BASKING RIDGE, NJ 07920**

Mailing Address
**ONE VERIZON WAY
VC31E233
BASKING RIDGE, NJ 07920**

60029888



2. Principal Place of Business - No P.O. Box #
One Verizon Way
Suite, Apt. #, etc.
VC53N13a

3. Mailing Address
One Verizon Way
Suite, Apt. #, etc.
VC53N13a

04172008 Chg-LLC CR2E083 (12/06)

City & State
Basking Ridge, NJ
Zip
07920
Country
USA

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Zip
07920
Country
USA

4. FEI Number
52-2102063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VERIZON BUSINESS NETWORK SERVICES, INC.
ONE VERIZON WAY
BASKING RIDGE, NJ 07920** ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

Marcus Veatch

Marcus Veatch, VP of MGRM

4/21/08

908-559-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #