

2002 UNIFORM BUSINESS REPORT (UBR)

0012142 AI

DOCUMENT # **P02331**

1. Entity Name
VERIZON DIRECTORIES CORP.

FILED

02 JAN 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2200 WEST AIRFIELD DRIVE
DALLAS/FT WORTH AIRPORT TX 75261-9810
US**

Mailing Address
**TAX DEPARTMENT
P.O. BOX 619810
DALLAS/FT WORTH AIRPORT TX 75261-9810
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
ATTN: Legal Dept.
Suite, Apt. #, etc.

4. FEI Number **36-3254412** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
|---|--|--|--|--|--|----------|--|
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--|--|----------------|---|-----------------------------------|--|--|
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | HARLESS, KATHERINE J | | NAME | | | | |
| STREET ADDRESS | 2200 W AIRFIELD DR - POB 619810 | | STREET ADDRESS | 900004785199--4 | | | |
| CITY-ST-ZIP | DALLAS FT WORTH AIRPORT TX 75261-9810 | | CITY-ST-ZIP | -01/18/02--01072--001 | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | MUNDY, WILLIAM G | | NAME | | | | |
| STREET ADDRESS | 2200 W AIRFIELD DR - POB 619810 | | STREET ADDRESS | ***150.00 | | | |
| CITY-ST-ZIP | DALLAS FT WORTH AIRPORT TX 75261-9810 | | CITY-ST-ZIP | 150.00 | | | |
| TITLE | VFPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | SCHOENBERGER, DAVID | | NAME | | | | |
| STREET ADDRESS | 2200 W AIRFIELD DR - POB 619810 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS FT WORTH AIRPORT TX 75261-9810 | | CITY-ST-ZIP | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | DUNN, BRIAN E | | NAME | | | | |
| STREET ADDRESS | 2200 W AIRFIELD DR - POB 619810 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS FT WORTH AIRPORT TX 75261-9810 | | CITY-ST-ZIP | | | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | WACHENDORFER, ALLISON | | NAME | | | | |
| STREET ADDRESS | 2200 W AIRFIELD DR - POB 619810 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS FT WORTH AIRPORT TX 75261-9810 | | CITY-ST-ZIP | | | | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | TISCIONE, THOMAS N | | NAME | | | | |
| STREET ADDRESS | 2200 W AIRFIELD DR - POB 619810 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS FT WORTH AIRPORT TX 75261-9810 | | CITY-ST-ZIP | | | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** *Allison Wachendorfer* Date **972-453-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)