

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P02386</b><br>1. Entity Name<br><b>VERIZON DIRECTORIES SALES - WEST INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>2200 W AIRFIELD DRIVE<br/>DALLAS/FORT WORTH AIRPORT, TX 75261-9810</b>  |  | Mailing Address<br><b>ATTN: LEGAL DEPT.<br/>P.O. BOX 619810<br/>DALLAS/FORT WORTH AIRPORT, TX 75261 US</b>          |   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>36-3254411</b>  |  |
| Zip   |  | Zip   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>500030506355</b><br><b>03/16/04--01031--013 **150.00</b><br>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 _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>HARLESS, KATHERINE J</b><br><b>2200 W AIRFIELD DRIVE, P.O. BOX 619810</b><br><b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br><b>William G. Mundy</b><br><b>2200 W. Airfield Drive, P.O. Box 619810</b><br><b>DALLAS - FT. Worth Airport, TX 75261-9810</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br><b>WACHENDORFER, ALLISON</b><br><b>2200 W AIRFIELD DRIVE</b><br><b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b>                  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPF D<br><b>Andrew Coticchio</b><br><b>2200 W. Airfield Drive, P.O. Box 619810</b><br><b>DALLAS - FT. Worth Airport, TX 75261-9810</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPF<br><b>SCHOENBERGER, DAVID</b><br><b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b><br><b>DALLAS, TX 752619810</b>                  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br><b>Sandra L. Skogen</b><br><b>2200 W. Airfield Drive, P.O. Box 619810</b><br><b>DALLAS - FT. Worth Airport, TX 75261-9810</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVPD<br><b>MCDONALD, JOHN J</b><br><b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b><br><b>DALLAS, TX 752619810 DALLAS - FT Worth</b>  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | O<br><b>OLSON, NEIL D</b><br><b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b><br><b>DALLAS, TX 752619810 DALLAS - FT. Worth</b>       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Sandra L. Skogen</i>   |  | Date: <i>1/27/04</i>  |   | Daytime Phone #   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>SANDRA L. Skogen, Secretary</b>  |  |   |   |   |  |

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