

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04589

FILED
Jan 09, 2008
Secretary of State

Entity Name: BELL ATLANTIC TRICON LEASING CORPORATION

Current Principal Place of Business:

245 PARK AVE.
40TH FLOOR
NEW YORK, NY 10167 US

New Principal Place of Business:

Current Mailing Address:

245 PARK AVE.
40TH FLOOR
NEW YORK, NY 10167 US

New Mailing Address:

FEI Number: 22-2500137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCOB () Delete
Name: HEITMANN, WILLIAM
Address: ONE VERIZON WAY
City-St-Zip: BASKING RIDGE, NJ 07920

Title: D () Delete
Name: THOMAS, BARTLETT A
Address: ONE VERIZON WAY
City-St-Zip: BASKING RIDGE, NJ 07920

Title: PD () Delete
Name: PAUL, REPP H
Address: 245 PARK AVE., 40TH FLOOR
City-St-Zip: NEW YORK, NY 10167

Title: CFO () Delete
Name: KRAKOWSKI, RICHARD
Address: 245 PARK AVE. 40TH FLOOR
City-St-Zip: NEW YORK, NY 10167

Title: DTAX () Delete
Name: CHOW, PATRICIA A
Address: 245 PARK AVE., 40TH FLOOR
City-St-Zip: NEW YORK, NY 10167

Title: S () Delete
Name: SCHAPKER, JANE A
Address: ONE VERIZON WAY
City-St-Zip: BASKING RIDGE, NJ 07920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. CHOW

DTAX

01/09/2008

Electronic Signature of Signing Officer or Director

Date