2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12899

FILED Feb 03, 2006 8:00 am **Secretary of State**

02-03-2006 90016 013 ***150.00

1. Entity Nam VERIZON	ie I CAPITAL CORP.								
Principal Plac		Mailing Address 245 PARK AVE.			4000	8211			
40TH FLOOR NEW YORK, N	ł	40TH FLOOR NEW YORK, NY 10167	US			 	6 18 618 617		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Number 13-3299	052			oplied For ot Applicable
Zip	. Country	Zip	Countr	у		f Status Desired		\$8.75 Add	
	6. Name and Address of Current F	L Registered Agent			7. Name and A	ddress of New R	Registered A	Agent	
				Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			-	Street Address (P.O. Box Number is Not Acceptable)					
			-	City	- -		FL	Zip Cod	e
8 The above	named entity submits this statement for	the nurpose of changing its	registered	d office or registe	red agent, or both	in the State of Flo		' familiar with.	and accept
	tions of registered agent.	the perpose of changing ha	regiolo: ce	s crites or regions	oo agom, or boar	,			
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ľ	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	E. Registered	Agent signature requirer	f when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig	gn Financ	ing _ \$5	.00 May Be		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contr	gn Financ	ing _ \$5	.00 May Be led to Fees	HANGES TO OFF		DIRECTORS	3 IN 11
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Director
Victor S. Gomperts
1095 Ave. of the Americas
New York, NY 10036 12. 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE NAMÉ

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Richard F. Krakowski

557-4676