

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P12899				90129662
1. Entity Name VERIZON CAPITAL CORP.				
Principal Place of Business 245 PARK AVE. 40TH FLOOR NEW YORK, NY 10167 US		Mailing Address 245 PARK AVE. 40TH FLOOR NEW YORK, NY 10167 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
4. FEI Number 13-3299052		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when resigning)</small>				
FILE NOW!!! FEES \$150.00 After May 3, 2003 Fees will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-2P	VPCA LEVINE, MARVA M 245 PARK AVE. 40TH FLOOR NEW YORK, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	AC BURDEN, ROBERT 245 PARK AVE. 40TH FLOOR NEW YORK, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	VICE PRES. - TAXES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	PCEO COHICHIO, ANDREW 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	SVP KRAKOWSKI, RICHARD F 245 PARK AVE. 40TH FLOOR NY, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	SVPO RUTHERFORD, PETER O 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	SVPG REPP, PAUL H 245 PARK AVENUE 40TH FLOOR NEW YORK, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-2P	<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.				
SIGNATURE:		Date: 4/28/03 (212) 557-4799		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		

CR2E034 (10/02)