2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16957

FILED Apr 24, 2008 Secretary of State

Entity Name: VERIZON AIRFONE INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2809 BUTT OAK BROC							
Current Mailing Address:				New Mailing Address:			
2809 BUTTERFIELD ROAD OAK BROOK, IL 60522 US							
FEI Number:	36-3166957	FEI Number Applie	d For () FEI Nu	mber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US							
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		()Delete VILLIAM E ERFIELD ROAD K, IL 60522 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete NALD J :RFIELD ROAD (, IL 60522 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete , LAURA :RFIELD ROAD (, IL 60522 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S MARIANNE, ONE VERIZO BASKING R	() Delete DN WAY DGE, NJ 07920 US		Title: Name: Address: City-St-Zip:	S DROST, MA ONE VERIZI BASKING R		
Title:	т	() Delete		Title:	т	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

GARRITY, JANET

3900 WASHINGTON ST.

WILMINGTON, DE 19802 US

SIGNATURE: JANET GARRITY T 04/24/2008

GARRITY, JANET M

3900 WASHINGTON ST.

WILMINGTON, DE 19802 US

Name:

Address:

City-St-Zip: