

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P27907**

1. Entity Name

VERIZON DIRECTORIES DISTRIBUTION CORP.

Principal Place of Business

**2200 WEST AIRFIELD DRIVE
DALLAS TX 75261-9810
US**

Mailing Address

**TAX DEPARTMENT
P.O. BOX 619810
DALLAS TX 75261-9810
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DFW Airport, TX

City & State

DFW Airport, TX

Zip

75261

Country

Zip

Country

4. FEI Number

36-3052834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARLESS, KATHERINE J	
STREET ADDRESS	2200 WEST AIRFIELD DR; P.O. BOX 619810	
CITY-ST-ZIP	DALLAS FT WORTH ARPT TX 75261-9810	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNDY, WILLIAM G	
STREET ADDRESS	2200 WEST AIRFIELD DR; P.O. BOX 619810	
CITY-ST-ZIP	DFW AIRPORT TX 75261-9810	
TITLE	VP-F	<input type="checkbox"/> Delete
NAME	SCHOENBERGER, DAVID	
STREET ADDRESS	2200 WEST AIRFIELD DR; P.O. BOX 619810	
CITY-ST-ZIP	DFW AIRPORT TX 75261-9810	
TITLE	S	<input type="checkbox"/> Delete
NAME	WACHENDORFER, ALLISON	
STREET ADDRESS	2200 WEST AIRFIELD DR; P.O. BOX 619810	
CITY-ST-ZIP	DFW AIRPORT TX 75261-9810	
TITLE	C	<input type="checkbox"/> Delete
NAME	BECK, DANE E	
STREET ADDRESS	2200 WEST AIRFIELD DR; P.O. BOX 619810	
CITY-ST-ZIP	DFW AIRPORT TX 75261-9810	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	TISCIONE, THOMAS N	
STREET ADDRESS	2200 WEST AIRFIELD; P.O. BOX 619810	
CITY-ST-ZIP	DFW AIRPORT TX 75261-9810	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-F/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALLISON WACHENDORFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 JAN 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

500004792445--6
-01/23/02--01080--025
*****150.00 *****150.00

978

1/10/02

972/453-7000