

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P27907 1. Entity Name VERIZON DIRECTORIES SERVICES - WEST INC.				FILED 06 JAN 12 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2200 WEST AIRFIELD DRIVE DALLAS FORT WORTH AIRPORT, TX 75261		Mailing Address ATTN: LEGAL DEPT. 2200 W. AIRFIELD DR., P.O. BOX 619810 DALLAS FORT WORTH AIRPORT, TX 75261-9810		01052006 Chg-P CR2E034 (11/05)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Dallas Fort Worth Airport, TX Zip Country		4. FEI Number 36-3052834	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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-ZIP	PD HARLESS, KATHERINE J 2200 WEST AIRFIELD DR; P.O. BOX 619810 DALLAS FT WORTH ARPT, TX 752619810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400064414364 01/25/06--01003--020 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUNDY, WILLIAM G 2200 WEST AIRFIELD DR; P.O. BOX 619810 DFW AIRPORT, TX 752619810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF COTICCHIO, ANDREW 2200 WEST AIRFIELD DR; P.O. BOX 619810 DFW AIRPORT, TX 752619810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOGEN, SANDRA L 2200 WEST AIRFIELD DR; P.O. BOX 619810 DFW AIRPORT, TX 752619810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BECK, DANE E 2200 WEST AIRFIELD DR; P.O. BOX 619810 DFW AIRPORT, TX 752619810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Sandra L Skogen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/9/06 972-453-7160 <small>Date Daytime Phone #</small>		

Sandra L Skogen, Secretary