

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003360

**Entity Name:** VERIZON CONNECT INC.

**Current Principal Place of Business:**

5055 NORTH POINT PARKWAY  
ALPHARETTA, GA 30022

**Current Mailing Address:**

5055 NORTH POINT PARKWAY  
ALPHARETTA, GA 30022 US

**FEI Number:** 26-0443717

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name EGREN, BRANDON N.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title TREASURER  
Name KROHN, SCOTT  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title ASSISTANT TREASURER  
Name SIN, KEE CHAN  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title GENERAL COUNSEL  
Name BERG, MICHAEL E.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title SECRETARY  
Name BERG, MICHAEL E.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title VP  
Name BERG, MICHAEL E.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR  
Name SULLIVAN, JAMES A.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name SULLIVAN, JAMES A.  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAYMOND CHU

**VICE PRESIDENT - TAXES 04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PRUDENCE, TAM  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title VICE PRESIDENT & CFO  
Name PRUDENCE, TAM  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022

Title VICE PRESIDENT - TAXES  
Name CHU, RAYMOND  
Address 5055 NORTH POINT PARKWAY  
City-State-Zip: ALPHARETTA GA 30022