

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000005288

1. Entity Name
BELL ATLANTIC PERSONAL COMMUNICATIONS, INC.



Principal Place of Business
**1095 AVE OF THE AMERICAS
NEW YORK, NY 10036 US**

Mailing Address
**1717 ARCH STREET
15TH FLOOR
PHILADELPHIA, PA 19103 US**



DO NOT WRITE IN THIS SPACE

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
23-2696501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

02/14/05-80064-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	DROST, MARIANNE
STREET ADDRESS	1095 AVENUE OOF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	VT
NAME	GARRITY, JANET M
STREET ADDRESS	3900 WASHINGTON ST 2ND FLOOR
CITY-ST-ZIP	WILMINGTON, DE 19802
TITLE	V
NAME	KELLY, PAUL N
STREET ADDRESS	1717 ARCH STREET, 15TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	VAS
NAME	MARX, PHILIP R
STREET ADDRESS	1717 ARCH ST., 32ND FLR.
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	D
NAME	HEITMANN, WILLIAM F
STREET ADDRESS	1095 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul N. Kelly **Paul N. Kelly, Vice Pres - Tax** **02/11/05** **215-9103-16343**

Date

Daytime Phone #