

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90019 046 ***150.00

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1. Entity Name
BELL ATLANTIC PERSONAL COMMUNICATIONS, INC.



Principal Place of Business
**ONE VERIZON WAY
BASKING RIDGE, NJ 07920 US**

Mailing Address
**1717 ARCH STREET
21ST FLOOR
PHILADELPHIA, PA 19103 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032008

Chg-P

CR2E034 (12/06)

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**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **DROST, MARIANNE**
CITY-ST-ZIP **ONE VERIZON WAY
BASKING RIDGE, NJ 07920**

TITLE
NAME **VT** ☐ Delete
STREET ADDRESS **GARRITY, JANET M**
CITY-ST-ZIP **3900 WASHINGTON ST 2ND FLOOR
WILMINGTON, DE 19802**

TITLE
NAME **V** ☒ Delete
STREET ADDRESS **CRAIN, JANA L**
CITY-ST-ZIP **1717 ARCH STREET, 21ST FLOR
PHILADELPHIA, PA 19103**

TITLE
NAME **VAS** ☐ Delete
STREET ADDRESS **MARX, PHILIP R**
CITY-ST-ZIP **ONE VERIZON WAY
BASKING RIDGE, NJ 07920**

TITLE
NAME **D** ☐ Delete
STREET ADDRESS **WEBSTER, CATHERINE T**
CITY-ST-ZIP **ONE VERIZON WAY
BASKING RIDGE, NJ 07920**

TITLE
NAME **PD** ☐ Delete
STREET ADDRESS **DIERCKSEN, JOHN W**
CITY-ST-ZIP **140 WEST ST
NEW YORK, NY 10007**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V** ☐ Change ☒ Addition
STREET ADDRESS **Patota, Stephen F.**
CITY-ST-ZIP **1717 Arch Street, 21st Floor
Philadelphia, PA 19103**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN F. PATOTA, VP-TAXES

4/9/08

215-466-4185

Daytime Phone #