

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 26 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02386</b> 1. Entity Name <b>VERIZON DIRECTORIES SALES - WEST INC.</b>					
Principal Place of Business <b>2200 W AIRFIELD DRIVE DALLAS/FORT WORTH AIRPORT, TX 75261-9810</b>		Mailing Address <b>ATTN: LEGAL DEPT. P.O. BOX 619810 DALLAS/FORT WORTH AIRPORT, TX 75261 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-3254411</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>500030506355</b> <b>03/16/04--01031--013 **150.00</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HARLESS, KATHERINE J</b> <b>2200 W AIRFIELD DRIVE, P.O. BOX 619810</b> <b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>William G. Mundy</b> <b>2200 W. Airfield Drive, P.O. Box 619810</b> <b>DALLAS - FT. Worth Airport, TX 75261-9810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WACHENDORFER, ALLISON</b> <b>2200 W AIRFIELD DRIVE</b> <b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF D <b>Andrew Coticchio</b> <b>2200 W. Airfield Drive, P.O. Box 619810</b> <b>DALLAS - FT. Worth Airport, TX 75261-9810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF <b>SCHOENBERGER, DAVID</b> <b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b> <b>DALLAS, TX 752619810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Sandra L. Skogen</b> <b>2200 W. Airfield Drive, P.O. Box 619810</b> <b>DALLAS - FT. Worth Airport, TX 75261-9810</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <b>MCDONALD, JOHN J</b> <b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b> <b>DALLAS, TX 752619810 DALLAS - FT Worth</b>	<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	O <b>OLSON, NEIL D</b> <b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b> <b>DALLAS, TX 752619810 DALLAS - FT. Worth</b>	<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	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 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: <i>Sandra L. Skogen</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>SANDRA L. Skogen, Secretary</b>		Date: <i>1/27/04</i>	

85