

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 26 PM 1:28

<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 <i>ATTN: Legal Dept.</i> Suite, Apt. #, etc. <i>2200 W. Airfield Dr., P.O. Box 619810</i>	
City & State		City & State <i>Dallas/Fort Worth, Airport, TX</i>	
Zip <i>75261-9810</i>	Country <i>USA</i>	4. FEI Number <b>36-3254411</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>HARLESS, KATHERINE J</b> STREET ADDRESS <b>2200 W AIRFIELD DRIVE, P.O. BOX 619810</b> CITY-ST-ZIP <b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>MUNDY, WILLIAM G</b> STREET ADDRESS <b>2200 W AIRFIELD DRIVE</b> CITY-ST-ZIP <b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPDF</b> <input type="checkbox"/> Delete NAME <b>COTICCHIO, ANDREW</b> STREET ADDRESS <b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b> CITY-ST-ZIP <b>DALLAS, TX 752619810</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SVPD</b> <input type="checkbox"/> Delete NAME <b>MCDONALD, JOHN J</b> STREET ADDRESS <b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b> CITY-ST-ZIP <b>DALLAS-FT WORTH, TX 752619810</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>O</b> <input type="checkbox"/> Delete NAME <b>OLSON, NEIL D</b> STREET ADDRESS <b>2200 WEST AIRFIELD DRIVE, P.O. BX 619810</b> CITY-ST-ZIP <b>DALLAS-FT. WORTH, TX 752619810</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">       000046120730        02/07/05--01049--002 **600.00     </div>
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>SKOGEN, SANDRA L</b> STREET ADDRESS <b>2200 W AIRFIELD DRIVE</b> CITY-ST-ZIP <b>DALLAS/FORT WORTH AIRPORT, TX 752619810</b>	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	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.			
<b>SIGNATURE:</b> <i>Sandra L Skogen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1/20/05</i> <small>Date</small>	<i>972-453-7160</i> <small>Daytime Phone #</small>