

1.) CORPORATION NAME:

**Verizon Credit Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0404527**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 N. Franklin Street  
Suite 3300

CITY/ST/ZIP: Tampa, FL 33602-5813

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Paul H. Repp	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	201 N. Franklin Street Suite 3300		
CITY/ST/ZIP/CO:	Tampa, FL 33602-5813		
NAME:	Richard F. Krakowski	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	201 N. Franklin Street Suite 3300		
CITY/ST/ZIP/CO:	Tampa, FL 33602-5813		
NAME:	Paul L. Mattiola	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	201 N. Franklin Street Suite 3300		
CITY/ST/ZIP/CO:	Tampa, FL 33602-5813		
NAME:	Robert J. Barish	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 N. Franklin Street Suite 3300		
CITY/ST/ZIP/CO:	Tampa, FL 33602-5813		
NAME:	Michael T. Stefanski	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 N. Franklin Street Suite 3300		
CITY/ST/ZIP/CO:	Tampa, FL 33602-5813		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William P. Van Saders DIRECTOR 201 N. Franklin Street Suite 3300 Tampa, FL 33602-5813	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marva M. Levine SECRETARY 201 N. Franklin Street Suite 3300 Tampa, FL 33602-5813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Janet M. Garrity TREASURER 201 N. Franklin Street Suite 3300 Tampa, FL 33602-5813	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Paul L. Mattiola	Paul L. Mattiola, VICE PRESIDENT	2/4/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			