



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
Contract

Order Date: 11-19-2021

CORRECT ORDER NUMBER MUST APPEAR
 ON ALL PACKAGES, INVOICES, AND
 SHIPPING PAPERS. QUESTIONS
 CONCERNING THIS ORDER SHOULD BE
 DIRECTED TO THE DEPARTMENT
 CONTACT.

Order Number:	CCT 1300 1300 STO2100000002 4	Procurement Folder:	785138
Document Name:	Ethernet WAN Circuits	Reason for Modification:	
Document Description:	Re-issue of CCT STO1900000001	Change Order No. 1 is issued to Renew contract for one additional year.	
Procurement Type:	Central Contract - Fixed Amt		
Buyer Name:	Melissa Pettrey		
Telephone:	(304) 558-0094		
Email:	melissa.k.pettrey@wv.gov		
Shipping Method:	Vendor	Effective Start Date:	2019-10-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2022-09-30

VENDOR		DEPARTMENT CONTACT		
Vendor Customer Code:	00000199736	Requestor Name:	Alberta Kincaid	
FRONTIER WEST VIRGINIA INC 1500 MACCORKLE AVE SE		Requestor Phone:	(304) 341-0723	
CHARLESTON WV 25396		Requestor Email:	alberta.kincaid@wvsto.com	
US		<div style="font-size: 48pt; font-weight: bold;">22</div> <div style="font-weight: bold;">FILE LOCATION _____</div>		
Vendor Contact Phone:	304-410-5659			Extension:
Discount Details:				
#1	No	0.0000	0	
#2	Not Entered			
#3	Not Entered			
#4	Not Entered			

INVOICE TO	SHIP TO
WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE CHARLESTON WV 25304 US	WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE CHARLESTON WV 25304 US

Purchasing Division's File Copy

Total Order Amount: \$130,464.00

ENTERED

PURCHASING DIVISION AUTHORIZATION <i>Linda Harper</i> DATE: 11-22-2021 ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM <i>John S. Gray</i> DATE: 11/23/2021 ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION <i>Beverly Toler</i> DATE: 11-23-21 ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order #01 (CCT STO21*002; this is a reissued contract - Original CCT STO19*001)

To renew the original to renew the original contract according to all terms, conditions, and specifications contained in the original contract and all authorized change orders. The contract (unit prices, hourly rates, annual fee, etc.) is increased as defined in the attached documentation.

Effective dates of renewal 10/01/2021 through 09/30/2022 (Year 4)

Renewals remaining: 1

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	83112403	12.00000	MO	3624.000000	\$43,488.00
Service From	Service To	Manufacturer		Model No	
2019-10-01	2021-09-30				

Commodity Line Description: Point to point digital telecom circuits - Yr 2

Extended Description:

Year 2 Monthly Fee for ALL Circuits.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	83112403	12.00000	MO	3624.000000	\$43,488.00
Service From	Service To	Manufacturer		Model No	
2020-10-01	2021-09-30				

Commodity Line Description: Point to point digital telecom circuits - Yr 3

Extended Description:

Year 3 Monthly Fee for ALL Circuits.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	83112403	12.00000	MO	3624.000000	\$43,488.00
Service From	Service To	Manufacturer		Model No	
2021-10-01	2022-09-30				

Commodity Line Description: Point to point digital telecom circuits - Yr 4

Extended Description:

Year 4 Monthly Fee for ALL Circuits.



State of West Virginia
OFFICE OF THE STATE TREASURER
PHONE: 304-558-5000 or 1-800-422-7496
www.wvtreas.ty.com

RILEY MOORE
STATE TREASURER

STATE CAPITOL ROOM E-145
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WV 25305

July 27, 2021
Via Electronic Communication

Chad Stepp
Frontier West Virginia Inc.
1500 MacCorkle Ave SE
Charleston, WV 25396

Subject: CCT STO21*002 - Contract Renewal (Renewal #3) for Ethernet WAN Data Circuits (Original contract CCT STO19*001)

The WV State Treasurer's Office is offering to renew the contract for Ethernet WAN Data Circuits for One additional year under the same terms, conditions as contained in the original contract including all authorized change orders. The dates of renewal will be 10/1/2021 through 9/30/2022. If your company agrees to this renewal, please sign below, and return to my attention along with a current Insurance certificate, as soon as possible for processing (email, fax or US Postal Service). Attached is a copy of the Purchasing Affidavit which is also required to process the above contract renewal/change order.

Sincerely,

Alberta Kincaid, CPPB
Assistant Director of Purchasing
Phone: 304-341-0723 / Fax: 304-340-1518
Email: alberta.kincaid@wvsto.com / purchasing@wvsto.com

I/We agree to extend the contract for the period or quantity as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Name/Signature

7/27/2021

Date

SALES DIRECTOR

Title

Attachment



State of West Virginia

OFFICE OF THE STATE TREASURER

PHONE: 304-558-5000 or 1-800-422-7498

www.wvtreasury.com


STATE CAPITOL, ROOM E-145
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WV 25305

RILEY MOORE
STATE TREASURER

MEMORANDUM

Date: Nov. 17, 2021

To: Toby Welch, Buyer
DoA- Purchasing Division

From: Alberta Kincaid
Asst. Director, Purchasing 

Re: Contract# CCT STO210000002 – Renewal / Backdate Justification

We began our renewal efforts with the vendor on 7/27/2021 and followed up on 8/3/2021 and 8/18/2021. I received a response from the point of contract on 8/20/2021 advising that there was a multi-level internal approval process, and some issues arose surrounding the risk management review for the insurance we requested.

I shared samples of previous certificates and language required (additional insured) on 8/20/21. I followed up with the contact on 9/8/2021. I received additional questions regarding the insurance certificates on 9/21/2021; I provided a response on 9/28/2021.

I finally received the required documents to begin the change order process later afternoon on 11/8/2021.

Please let me know if you require additional information regarding this request.

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Frontier West Virginia Inc

Authorized Signature: *[Signature]* Date: 7/27/2021

State of Florida

County of Sarasota, to-wit:

Taken, subscribed, and sworn to before me this 27 day of July, 2021.

My Commission expires 7/23, 2022.

AFFIX SEAL HERE



Catherine L. Morales
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG240894
Expires 7/23/2022

NOTARY PUBLIC

Catherine L. Morales

Purchasing Affidavit (Revised 01/19/2018)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com														
INSURED Frontier West Virginia Inc 401 Merritt 7 Norwalk, CT 06851	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC#</th> </tr> <tr> <td>INSURER A: Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER B: Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER C: American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: Steadfast Insurance Company	26387	INSURER B: Zurich American Insurance Company	16535	INSURER C: American Zurich Insurance Company	40142	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC#														
INSURER A: Steadfast Insurance Company	26387														
INSURER B: Zurich American Insurance Company	16535														
INSURER C: American Zurich Insurance Company	40142														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: W22777178 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	GLO 0285992-04	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	Y	BAP 0285990-04	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N No	N/A	WC 0285988-04 (AOS)	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation (WI) Per Statute and Employers Liab.		WC 0285989-04 (RETRO)	06/01/2021	06/01/2022	EL Each Accident \$1,000,000 EL Disease-Ea Empl. \$1,000,000 EL Disease-Pol. Limit \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Frontier West Virginia Inc.'s insurance certificate in compliance with contract #CCT STO21+001 and all subsequent renewals of this contract.

The State of West Virginia and the State of West Virginia Office of the State Treasurer shall be named as Additional Insureds as respects the general liability and auto liability policies where required by written contract.

CERTIFICATE HOLDER State of West Virginia 1900 Kanawha Blvd. E. Charleston, WV 25305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 CN102998337-PL-CYBER-21-22	CONTACT NAME: _____		FAX (A/C, No): _____
	PHONE (A/C, No, Ext): _____		E-MAIL ADDRESS: _____
INSURED Frontier West Virginia, Inc. 401 Merritt 7 Norwalk, CT 06851	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Syndicate 2623/623 at Lloyd's		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** NYC-011223359-01 **REVISION NUMBER:** 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ _____					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> Y N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
A	Cyber		B6012BUSANMSL2101	07/01/2021	07/01/2022	Limit: \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Frontier West Virginia Inc.'s insurance certificate in compliance with contract #CCT STO21*001 and all subsequent renewals of this contract.

CERTIFICATE HOLDER

CANCELLATION

State of West Virginia 1900 Kanawha Blvd. E. Charleston, WV 25305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Marsh USA Inc.</i>
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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

FRONTIER WEST VIRGINIA INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	5/11/1916		5/11/1916	Domestic	Profit			

Organization Information			
Business Purpose	5171 - Information - Telecommunications - Wired Telecommunications Carriers		Capital Stock 200000000.0000
Charter County			Control Number 0
Charter State	WV	Excess Acres 0	
At Will Term	Member Managed		
At Will Term Years			Par Value 0.000000
Authorized Shares	8000000	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	1500 MACCORKLE AVE S.E. CHARLESTON, WV, 25396
Mailing Address	401 MERRITT 7 NORWALK, CT, 06851 USA
Notice of Process Address	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Principal Office Address	401 MERRITT 7 NORWALK, CT, 06851 USA
Type	Address

Officers	
Type	Name/Address
Director	NICHOLAS JEFFERY 401 MERRITT 7 NORWALK, CT, 06851
Incorporator	F.H. BETHELL SCARSDALE, NY, 10583 USA
Incorporator	H.F. THURBER BROOKLYN, NY, 11201 USA
President	NICHOLAS JEFFERY 401 MERRITT 7 NORWALK, CT, 06851
Secretary	ANNE MEYER 401 MERRITT 7 NORWALK, CT, 06851
Vice-President	GEORGE MCARTHUR 401 MERRITT 7 NORWALK, CT, 06851
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
CHESAPEAKE AND POTOMAC TELEPHONE COMPANY OF WEST VIRGINIA	TRADENAME	1/14/1994	
VERIZON WEST VIRGINIA	TRADENAME	6/28/2000	
DBA Name	Description	Effective Date	Termination Date

Name Changes	
Date	Old Name
7/6/2010	VERIZON WEST VIRGINIA INC.
8/1/2000	BELL ATLANTIC - WEST VIRGINIA, INC.
Date	Old Name

Date	Amendment
7/6/2010	NAME CHANGE: FROM VERIZON WEST VIRGINIA INC.
8/1/2000	NAME CHANGE: FROM BELL ATLANTIC - WEST VIRGINIA, INC.
1/31/1995	REDUCTION IN STATED CAPITAL; NOT AN AMENDMENT, NO CHANGE IN AUTHORIZED CAPITAL STOCK.
1/13/1994	CHANGE OF NAME FROM THE CHESAPEAKE AND POTOMAC TELEPHONE COMPANY OF WEST VIRGINIA TO BELL ATLANTIC - WEST VIRGINIA, INC.
8/29/1990	AMENDMENT TO THE ARTICLES OF INCORPORATION
9/24/1984	AMENDMENT TO THE ARTICLES OF INCORPORATION
7/9/1975	AMENDMENT; TO CHANGE PAR VALUE AND NUMBER OF SHARES TO ONE SHARE WITH NO PAR VALUE. ROLL 97, STATED CAPITAL BEING 200,000,000.00
11/14/1974	AMENDMENT; CHANGE OF PRINCIPAL OFFICE TO 1500 MACCORKLE AVE. ROLL 89.
9/6/1974	AMENDMENT; INCREASE TO 200,000,000 BEING 10,000,000 SHARES AT 20.00 EACH. ROLL 87.
10/1/1959	AMENDMENT; INCREASE AND CHANGE IN PAR VALUE. INCREASE TO 150,000,000 AND PAR VALUE OF 20.00; BK 229 PG 212

3/19/1956	AMENDMENT; INCREASE TO 100,000,000. BK 218 PG 634
2/14/1949	AMENDMENT; INCREASE TO 75,000,000. BK 173 PG 552
2/15/1947	AMENDMENT; INCREASE TO 50,000,000. BK 173 PG 315
11/6/1940	AMENDMENT; INCREASE TO 30,000,000. BK 151 PG 685
10/21/1926	AMENDMENT; INCREASE TO 17,000,000. BK 134, PG 50.
3/19/1923	AMENDMENT; INCREASE TO 12,000,000.
Date	Amendment

Annual Reports
Filed For
2021
2020
2019
2018
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Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, November 18, 2021 — 11:02 AM

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