

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90011 002 \*\*\*150.00

**DOCUMENT # F96000006633**

1. Entity Name

**GTE MAIN STREET INCORPORATED**

Principal Place of Business

Mailing Address

1255 CORPORATE DRIVE  
 IRVING TX 75038

P O BOX 152203  
 IRVING TX 75015-2203  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**16-1450339**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD WILSON, WILLIAM D	<input checked="" type="checkbox"/> Delete	TITLE	<del>PDX</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILLIAM D		NAME	<del>PAMELA XXXXX JACOBSON</del>	
STREET ADDRESS	600 HIDDEN RIDGE		STREET ADDRESS	<del>665 N MACARTHUR BLVD</del>	
CITY-ST-ZIP	IRVING TX 75038		CITY-ST-ZIP	<del>IRVING TX 75038</del>	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, DANIEL P		NAME		
STREET ADDRESS	1255 CORPORATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75038		CITY-ST-ZIP		
TITLE	V-	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEB, THOMAS A		NAME	"SEE ATTACHED LIST"	
STREET ADDRESS	1255 CORPORATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75038		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, ROBERT J		NAME		
STREET ADDRESS	600 HIDDEN RIDGE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75038		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOGEN, SANDRA L		NAME		
STREET ADDRESS	6665 N MACARTHUR BLVD		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75039		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCIONE, THOMAS N		NAME		
STREET ADDRESS	1255 CORPORATE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75038		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Londa C. Perrett*

Londa C. Perrett, Assistant Secretary 3-30-99

972/507-5249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

F96 0000006633  
A.0038649

GTE MAIN STREET INCORPORATED

Officers

1255 Corporate Drive, Irving, TX 75038

Daniel P. O'Brien	Vice President
Marianne Drost	Secretary
Daniel P. O'Brien	Treasurer
Ronald B. Spring	Assistant Secretary
Londa C. Perrett	Assistant Secretary
Jan L. Deur	Assistant Secretary

6665 N. MacArthur Boulevard, Irving, TX 75039

Sandra L. Skogen	Vice President
Bruce Kazee	Assistant Secretary

Directors

1255 Corporate Drive, Irving, TX 75038

Marianne Drost

6665 N. MacArthur Boulevard, Irving, TX 75039

George F. Weiskopf