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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03746

(5)

1. Corporation Name

GTE MOBILNET INCORPORATED

Principal Place of Business

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324
US

Mailing Address

245 PERIMETER CENTER PKWY NE
ATTN: TAX DEPT
ATLANTA GA 30346
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation 10/19/1984 5. Date of Last Report 05/01/1994

10/19/1984

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

08-1072245

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032.

Check Statute ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GRAWERT, RONALD R
STREET ADDRESS 245 PERIMETER CENTER PKWY
CITY - ST - ZIP ATLANTA GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME DROST, MARIANNE
STREET ADDRESS 1 STAMFORD FORUM
CITY - ST - ZIP STAMFORD CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VP
NAME KENT, JOHN P. Z.
STREET ADDRESS 1 STAMFORD FORUM
CITY - ST - ZIP STAMFORD CT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME HOPPE, MARTIN C
STREET ADDRESS 245 PERIMETER CENTER PARKWAY
CITY - ST - ZIP ATLANTA GA 30346

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE T
NAME MURPHY, JAMES
STREET ADDRESS 1 STAMFORD FORUM
CITY - ST - ZIP STAMFORD CT

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME VANOUZER, KEITH
STREET ADDRESS 245 PERIMETER CENTER PKWY
CITY - ST - ZIP ATLANTA GA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

Date

404 668-1994

Telephone #