

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03746

1. Entity Name
GTE WIRELESS INCORPORATED

Principal Place of Business

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

Mailing Address

ONE GTE PLACE, BUILDING ONE
MAIL CODE: GA1A3REV
ALPHARETTA GA 30004-8511
US

2. Principal Place of Business

1095 Avenue of the Americas
Suite, Apt. #, etc.

3. Mailing Address

1717 Arch Street
Suite, Apt. #, etc.
15th Floor

City & State

New York NY

City & State

Philadelphia, PA

Zip

10036

Country

US

Zip

19103

Country

US

4. FEI Number

06-1072245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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, 2001 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

TITLE PD ☐ Delete
NAME MCDONOUGH, MICHAEL J
STREET ADDRESS ONE GTE PLACE, BUILDING ONE
CITY-ST-ZIP ALPHARETTA GA 30004-8511

TITLE ☒ Change ☐ Addition
NAME David H. Benson
STREET ADDRESS 1095 Avenue of the Americas
CITY-ST-ZIP New York, NY 10036

TITLE SD ☐ Delete
NAME DROST, MARIANNE
STREET ADDRESS 1255 CORPORATE DRIVE
CITY-ST-ZIP IRVING TX 75038-2518

TITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS 1095 Avenue of the Americas
CITY-ST-ZIP New York, NY 10036

TITLE VP ☐ Delete
NAME KENT, JOHN P. Z.
STREET ADDRESS 1255 CORPORATE DRIVE
CITY-ST-ZIP IRVING TX 75038-2518

TITLE ☒ Change ☐ Addition
NAME DANA B. Bourland
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME RUTH, JODY A.
STREET ADDRESS ONE GTE PLACE, BUILDING 1
CITY-ST-ZIP ALPHARETTA GA 30004-8511

TITLE VP/T ☐ Change ☒ Addition
NAME Janet m. Garrity
STREET ADDRESS 3900 Washington St., 2nd Floor
CITY-ST-ZIP Wilmington, DE 19802

TITLE AC ☒ Delete
NAME LIBRA, LINDA L
STREET ADDRESS 1 GTE PLACE BLDG 1
CITY-ST-ZIP ALPHARETTA GA 30004-8511

TITLE D ☐ Change ☒ Addition
NAME William F. Heitmann
STREET ADDRESS 1095 Avenue of the Americas
CITY-ST-ZIP New York, NY 10036

TITLE V ☒ Delete
NAME VANDUZER, KEITH
STREET ADDRESS ONE GTE PLACE
CITY-ST-ZIP ALPHARETTA GA 30009-3511

TITLE AT ☐ Change ☒ Addition
NAME Paul N. Kelly
STREET ADDRESS 1717 Arch St., 15th Floor
CITY-ST-ZIP Philadelphia, PA 19103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer 4/27/2001 215-963-6343

Date

Daytime Phone #

CR2E034 (10/00)