


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90012 032 ***150.00

DOCUMENT # P03746 1. Entity Name GTE WIRELESS INCORPORATED			
Principal Place of Business 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036 US		Mailing Address 1717 ARCH STREET 15TH FLOOR PHILADELPHIA, PA 19103 US	
2. Principal Place of Business ONE VERIZON WAY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. 21st Floor	
City & State BASKING RIDGE, NJ		City & State City & State	
Zip 07920	Country US	Zip 	Country
4. FEI Number 06-1072245		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME DIERCKSEN, JOHN W	<input type="checkbox"/> Delete	
STREET ADDRESS 1095 AVE OF THE AMERICAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NEW YORK, NY 10036			
TITLE S	NAME DROST, MARIANNE	<input type="checkbox"/> Delete	
STREET ADDRESS 1095 AVE OF THE AMERICAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NEW YORK, NY 10036			
TITLE VPT	NAME GARRITY, JANET M	<input type="checkbox"/> Delete	
STREET ADDRESS 3900 WASHINGTON STREET 2ND FLOOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WILMINGTON, DE 19802			
TITLE D	NAME HEITMANN, WILLIAM F	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 1095 AVE OF THE AMERICAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP NEW YORK, NY 10036			
TITLE VP	NAME KELLY, PAUL N	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 1717 ARCH ST 15TH FLOOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP PHILADELPHIA, PA 19103			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jana L. Crain</i> JANA L. CRAIN, VICE PRES-TAXES			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/10/06 Daytime Phone # 215-466-4185	

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