FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90205 027 ***150.00

DOCUMENT # 843803

1. Corporation Name
GTE REALTY CORPORATION

Principal Place of Business	Mailing Address
ONE STAMFORD FORUM STAMFORD CT 06904 US	ONE STAMFORD FORUM STAMFORD CT 06904 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1255 CORPORATE DRIVE Suite, Apt. #, etc. 22 City & State 23 IRVING, TEXAS Zip 24 75038 Country 25 USA	2a. Mailing Address 26 1255 CORPORATE DRIVE Suite, Apt. #, etc. 27 MAIL CODE: SVC02A32 City & State 28 IRVING, TEXAS Zip 29 75038 Country 30 USA

3. Date Incorporated or Qualifed: 07/27/1979

4. FEI Number: 06-0907233 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	KULPINSKI, RONALD		1.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		1.3 STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	STAMFORD CT 06904		1.4 CITY-ST-ZIP	IRVING, TEXAS 75038	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DROST, MARIANNE		2.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		2.3 STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP	IRVING, TEXAS 75038	
TITLE	VTD	☒ DELETE	3.1 TITLE	VTD	☐ Change ☐ Addition
NAME	COHRS, DAN J		3.2 NAME	O'BRIEN, DANIEL P.	
STREET ADDRESS	ONE STAMFORD FORUM		3.3 STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP	IRVING, TEXAS 75038	
TITLE	AS	☒ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME	TUCCILLO, RONALD J		4.2 NAME	PIASECKI, JILL C	
STREET ADDRESS	ONE STAMFORD FORUM		4.3 STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP	IRVING, TEXAS 75038	
TITLE	ASGC	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HARRIS, JUDITH L		5.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		5.3 STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP	IRVING, TEXAS 75038	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	KELLY, JOHN MICHAEL		6.2 NAME	DEUR, JAN L	
STREET ADDRESS	ONE STAMFORD FORUM		6.3 STREET ADDRESS	1255 CORPORATE DRIVE	
CITY-ST-ZIP	STAMFORD CT		6.4 CITY-ST-ZIP	IRVING, TEXAS 75038	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jill PIASECKI 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #