

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

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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90084 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857323
 1. Corporation Name
GTE GOVERNMENT SYSTEMS CORPORATION

Principal Place of Business 77TH A-STREET 77 "A" STREET NEEDHAM MA 02194 US	Mailing Address 15000 CONFERENCE CTR DR CHANTILLY VA 20151 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 08/04/1983	
4. FEI Number 16-1190245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPGM <input type="checkbox"/> DELETE
NAME	DEMURO, GERARD J
STREET ADDRESS	400 JOHN QUINCY ADAMS RD
CITY-ST-ZIP	TAUNTON MA
TITLE	S/D <input type="checkbox"/> DELETE
NAME	DROST, MARIANNE
STREET ADDRESS	ONE STAMFORD FORUM
CITY-ST-ZIP	STAMFORD CT
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MONAGHAM, DAVID B.
STREET ADDRESS	77 "A" STREET
CITY-ST-ZIP	NEEDHAM MA
TITLE	V <input type="checkbox"/> DELETE
NAME	DER MARDEROSIAN, ARMEN
STREET ADDRESS	77 "A" STREET
CITY-ST-ZIP	NEEDHAM MA
TITLE	VPGM <input type="checkbox"/> DELETE
NAME	DUTTON, ROBERT K
STREET ADDRESS	400 JOHN QUINCY ADAMS RD
CITY-ST-ZIP	TAUNTON MA
TITLE	VPGM <input checked="" type="checkbox"/> DELETE
NAME	GERARD, EVAN L
STREET ADDRESS	100 FERGUSON DR
CITY-ST-ZIP	MOUNTAIN VIEW CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Drost, Marianne
2.3 STREET ADDRESS	1255 Corporate Drive
2.4 CITY-ST-ZIP	Irving, TX 75038
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Umlah, Richard F.
3.3 STREET ADDRESS	77 "A" Street
3.4 CITY-ST-ZIP	Needham, MA 02914
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dutton, Robert K.
5.3 STREET ADDRESS	254 Second Avenue
5.4 CITY-ST-ZIP	Needham, MA 02194
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chandler, Michael E.
6.3 STREET ADDRESS	100 Ferguson Drive
6.4 CITY-ST-ZIP	Mountain View, CA 95060

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** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)