PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857323

GTE GOVERNMENT SYSTEMS CORPORATION

Principal Place of Business	Mailing Address	
77TH A-STREET 77 "A" STREET NEEDHAM MA 02194 US	15000 CONFERENCE CTR DR CHANTILLY VA 20151 US	
2. Principal Place of Business	2a. Mailing Address	

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

04-22-1999 90084 006 ***150.00



						i (8818) (818) Arter 16844 (1916 (1964 etes mins) a	YOU BIRTOR			
Principal Place of Business Mailing Address										
77TH A-STREET		15000 CONFERENCE CTR DR								
77 "A" STREET		CHANTILLY VA 20151				DO NOT WRITE IN THIS	SPACE			
NEEDHAM MA ()2194	US			-	3. Date Incorporated or Qualifed		-		
US .						08/04/1983				
2 Oringinal O	less of Business	2a, Mailing Address				4. FEI Number		Appl	ied For	
<u> </u>	ace of Business					16-1190245		+ ' '	Applicable	
21 Suite, Apt.	# ***	Suite, Apt. #, etc.				10-1190240	\$8.7		ditional	
<u> </u>	#, etc.	<u> </u>				5. Certificate of Status Desired		e Req		
City & State		City & State				6 Flastice Compaign Financing			lay Be	
	5	⊢ ′			1	6. Election Campaign Financing Trust Fund Contribution	-	ded to	-	
Zip	Country	Zip Country				8. This corporation owes the current year Int		400 10		
	25	29 30	¬ '		}	Personal Property Tax.	Yes		∃No	
24	9, Name and Address of Current I		<u>''</u>		1	10. Name and Address of New Registered	<u></u>			
	9, Name and Address of Current	registered Agent	81	N	Name	10. (10.10				
СТ	CORPORATION SYSTEM									
	SOUTH PINE ISLAND ROAD		82	S	Street Address	s (P.O. Box Number is Not Acceptable)				
	STATION FL 33324		83	╀						
F CAN	- •		103						Ì	
	G.		84	C	City	FI	85	Zip Co	de	
dd Director		and 607 1509 Florida Statutos	the above		amed cornors		changin	a its re	egistered	
11. Pursuant office or re	egistered agent, or both, in the State of	Florida. Such change was auth	orized by	the	corporation's	ation submits this statement for the purpose of s board of directors. I hereby accept the appoi	ntment a	as regi	stered	
agent. I ai	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes	i,	•					
SIGNATURE						hen reinstating) DATE				
1	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt sig	mature required wi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12	
12.	VPGM VPGM	DELETE	1.1 TITLE			ADDITIONS/CHANCES TO OFFICEROAL	□ Cha		Addition	
TITLE			1.2 NAME					•	_	
NAME	DEMURO, GERARD J				BBF66					
STREET ADDRESS	400 JOHN QUINCY ADAMS RD		1.3 STREET							
CITY-ST-ZIP	TAUNTON MA	D DELETE	1.4 CITY-S	T-ZIF	S/E	<u> </u>	Γ X Cha	nge	Addition	
TITLE	S/D	☐ DELETE	2.1 TITLE			ost, Marianne	நுவ	gc		
NAME	11001, 110 am at te									
STREET ADDRESS	ONE STAMFORD FORUM			TADE		255 Corporate Drive				
-CITY-ST-ZIP -	STAMFORD CT					ring, TX 75038	CHOL		1 • • • • • • • • • • • • • • • • • • •	
TITLE	VD	□ X DELETE	3.1 TITLE		VP	<u>.</u>	[XCha	inge	Addition	
NAME	MONAGHAM, DAVID B.		3.2 NAME			lah, Richard F.				
STREET ADDRESS	77 "A" STREET		3.3 STREE	TADI		"A" Street			:	
CITY-ST-ZIP	NEEDHAM MA		3.4. CITY-S	ı. city-st-zip Ne		edham, MA 02914				
TITLE	V	☐ DELETE	4.1 TITLE				Cha	ange	☐ Addition	
NAME	DER MARDEROSIAN, ARMEN		4. 2 NAME							
STREET ADDRESS	77 "A" STREET		4.3 STREET	TAD	ORESS					
CiTY-ST-ZIP	NEEDHAM MA		4.4 CITY-S	T- ZIF	Р					
TITLE	VPGM	☐ DELETE	5.1 TITLE				[XCha	ange	☐ Addition	
NAME	DUTTON, ROBERT K		5.2 NAME		Dut	tton, Robert K.				
STREET ADDRESS	400 JOHN QUINCY ADAMS RD		5.3 STREE	T ADI		1 Second Avenue				
CITY-ST-ZIP	TAUNTON MA		5.4 C/TY-S	T-ZIF		edham, MA_02194	,			
TITLE	VPGM	DELETE	6.1 TITLE		VP		Cha	ange	Addition	
NAME	GERARD, EVAN L	. 1 (5) (E CO) 6	6.2 NAME	. :	1 **	andler, Michael E.	^			
CTREET ADDRESS	HAN EEDCHSON DD	- 1 -1 - 14 37 - 11	6.3 STREE		ORESS 100	Conqueen Drive				

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 for 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:

CITY-ST-ZIP. S. . MOUNTAIN VIEW CA

TURE REQUIRED