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FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000005020 (3)

1. Corporation Name

GTE CUSTOMER NETWORKS, INC.

Principal Place of Business

5897 WINDWARD PKWY  
SUITE 300  
ALPHARETTA GA 30202  
US

Mailing Address

600 HIDDEN RIDGE  
HQ303H10  
IRVING TX 75038-3609  
US



3. Date Incorporated or Qualified  
11/05/1993

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 HQE03H14  
City & State

28 Zip Country

29 30

4. FEI Number

54-0945658

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ 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

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

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DINSMORE, GERALD K.	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, THOMAS W	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESSTMAN, MICHAEL B	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAHILL, RICHARD M	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, MARY W	
STREET ADDRESS	600 HIDDEN RIDGE	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FANNING, H. DAVID	
STREET ADDRESS	1117 PERIMETER CENTER WEST	
CITY-ST-ZIP	ATLANTA GA 30338	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	ALY, J. WILMA
5.4 CITY-ST-ZIP	600 HIDDEN RIDGE IRVING TX 75038
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	5897 WINDWARD PKWY, SUITE 300
6.4 CITY-ST-ZIP	ALPHARETTA, GA 30202

14. I do 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.

SIGNATURE:

*J. Wilma Aly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. WILMA ALY, ASSISTANT SECRETARY 01/29/97

Date

972/718-6966

Daytime Phone #

CR2E034 (9/96)