

2-27 98 B 2610 C
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Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
HO303H10
IRVING TX 75038
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1993	
21		26		4. FEI Number 54-0945658	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	SENIOR VICE PRESIDENT
NAME	DINSMORE, GERALD K.	1.2 NAME	
STREET ADDRESS	600 HIDDEN RIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DIRECTOR
NAME	WHITE, THOMAS W	2.2 NAME	LAWRENCE R. WHITMAN
STREET ADDRESS	600 HIDDEN RIDGE	2.3 STREET ADDRESS	600 HIDDEN RIDGE
CITY-ST-ZIP	IRVING TX 75038	2.4 CITY-ST-ZIP	IRVING, TX 75038
TITLE	D	3.1 TITLE	DIRECTOR
NAME	ESSTMAN, MICHAEL B	3.2 NAME	C. F. BERCHER
STREET ADDRESS	600 HIDDEN RIDGE	3.3 STREET ADDRESS	5221 N. O'CONNOR BLVD.
CITY-ST-ZIP	IRVING TX 75038	3.4 CITY-ST-ZIP	IRVING, TX 75039
TITLE	D	4.1 TITLE	SECRETARY
NAME	CAHILL, RICHARD M	4.2 NAME	CHARLES J. JONES
STREET ADDRESS	600 HIDDEN RIDGE	4.3 STREET ADDRESS	600 HIDDEN RIDGE
CITY-ST-ZIP	IRVING TX 75038	4.4 CITY-ST-ZIP	IRVING, TX 75038
TITLE	AS	5.1 TITLE	ASSISTANT SECRETARY
NAME	ALY, WILMA J	5.2 NAME	LONDA PERRETT
STREET ADDRESS	600 HIDDEN RIDGE	5.3 STREET ADDRESS	600 HIDDEN RIDGE
CITY-ST-ZIP	IRVING TX	5.4 CITY-ST-ZIP	IRVING, TX 75038
TITLE	P	6.1 TITLE	PRESIDENT/DIRECTOR
NAME	FANNING, H. DAVID	6.2 NAME	
STREET ADDRESS	5897 WINDWARD PKWY STE 300	6.3 STREET ADDRESS	8505 FREEPORT PARKWAY, SUITE 130
CITY-ST-ZIP	ALPHARETTA GA	6.4 CITY-ST-ZIP	IRVING, TX 75063

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 any attachment with an address.

SIGNATURE: *Londa Perrett*

LONDA PERRETT, ASSISTANT SECRETARY 02/19/98 972/718-3844

CP2E034 (10/97)