

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F94000004676 (2)**  
1. Corporation Name

**GTE INTERNATIONAL INCORPORATED**



Principal Place of Business: **ONE STAMFORD FORUM STAMFORD CT 06904**  
Mailing Address: **ONE STAMFORD FORUM STAMFORD CT 06904**

3. Date Incorporated or Qualified: **09/09/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **15-0617055**  
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

2. Principal Place of Business: **ONE STAMFORD FORUM STAMFORD CT 06904**  
2a. Mailing Address: **ONE STAMFORD FORUM STAMFORD CT 06904**  
21. Suite, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Zip: Country:  
25. Zip: Country:  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. Zip: Country:  
29. Zip: Country:  
30. Zip: Country:

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 registrant (Typed and filled in applicant) (Typed Registered Agent Signatures required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUDWIG, ALVIN E	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KENT, JOHN P.Z.	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MULHERN, EUGENE E	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DROST, MARIANNE	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARSWELL, BRUCE	
STREET ADDRESS	ONE STAMFORD FORUM	
CITY-ST-ZIP	STAMFORD CT 06904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	V/General Counsel
33. STREET ADDRESS	Brafman, Bruce J.
34. CITY-ST-ZIP	One Stamford Forum Stamford, CT 06904
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	D
63. STREET ADDRESS	Rohrer, Dean C.
64. CITY-ST-ZIP	One Stamford Forum Stamford, CT 06904

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marianne Drost *Marianne Drost* 4/30/96 (203) 965-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)