


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

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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90191 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000004676					
1. Corporation Name GTE INTERNATIONAL INCORPORATED					
Principal Place of Business ONE STAMFORD FORUM STAMFORD CT 06904			Mailing Address ONE STAMFORD FORUM STAMFORD CT 06904		
2. Principal Place of Business 21 1255 Corporate Drive Suite, Apt. #, etc. 22 City & State 23 Irving, TX Zip 24 75038 Country 25		2a. Mailing Address 26 1255 Corporate Drive Suite, Apt. #, etc. 27 City & State 28 Irving, TX Zip 29 75038 Country 30		3. Date Incorporated or Qualified 09/09/1994 4. FEI Number 15-0617055 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Signature, typed or printed name of registered agent and title if applicable (NOT E Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUDWIG, ALVIN E		1.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		1.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06904		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, JOHN P.Z.		2.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06904		2.4 CITY-ST-ZIP		
TITLE	VGC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, J. G		3.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		3.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRIEN, DANIEL P		4.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06904		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DROST, MARIANNE		5.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM		5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06904		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P.Z. Kent

4/7/99

Date

(472) 507-3522

Office Phone #

CR2E034 (11/98)