

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000004676

1. Entity Name
GTE INTERNATIONAL INCORPORATED



Principal Place of Business
600 HIDDEN RIDGE
IRVING, TX 75038

Mailing Address
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
15-0617055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

00000010280
04/13/04-2007-005 \$50.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	D'ANGELO, JR., JOHN T
STREET ADDRESS	1095 AVENUE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK, NY 10036
TITLE	V
NAME	AGOSTINELLI, JEAN M
STREET ADDRESS	600 HIDDEN RIDGE
CITY - ST - ZIP	IRVING, TX 75038
TITLE	S
NAME	DROST, MARIANNE
STREET ADDRESS	600 HIDDEN RIDGE
CITY - ST - ZIP	IRVING, TX 75038
TITLE	T
NAME	GARRITY, JANET M
STREET ADDRESS	3900 WASHINGTON STREET
CITY - ST - ZIP	WILMINGTON, DE 19802
TITLE	AS
NAME	PERRET, LONDA C
STREET ADDRESS	600 HIDDEN RIDGE
CITY - ST - ZIP	IRVING, TX 75038
TITLE	VP
NAME	VEATCH, MARCUS R
STREET ADDRESS	1095 AVENUE OF THE AMERICAS
CITY - ST - ZIP	NEW YORK, NY 10036

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcus R. Veatch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/3/04 Daytime Phone #: 212-395-1712