
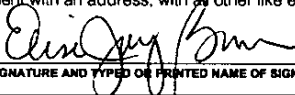


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 023 ***150.00

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address One Verizon Way Suite, Apt. #, etc.	
City & State		City & State Basking Ridge, NJ	
Zip	Country	Zip 07920	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME YRIZERY, MAGDA N STREET ADDRESS 1095 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Delete	TITLE President NAME Yrizerry, Magda N STREET ADDRESS One Verizon Way CITY-ST-ZIP Basking Ridge, NJ 07920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME AGOSTINELLI, JEAN M STREET ADDRESS 600 HIDDEN RIDGE CITY-ST-ZIP IRVING, TX 75038	<input type="checkbox"/> Delete	TITLE One Verizon Way NAME Basking Ridge NJ STREET ADDRESS 07920 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DROST, MARIANNE STREET ADDRESS 600 HIDDEN RIDGE CITY-ST-ZIP IRVING, TX 75038	<input type="checkbox"/> Delete	TITLE One Verizon Way NAME Basking Ridge, NJ STREET ADDRESS 07920 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME GARRITY, JANET M STREET ADDRESS 3900 WASHINGTON STREET CITY-ST-ZIP WILMINGTON, DE 19802	<input type="checkbox"/> Delete	TITLE One Verizon Way NAME Basking Ridge, NJ STREET ADDRESS 07920 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME PERRET, LONDA C STREET ADDRESS 600 HIDDEN RIDGE CITY-ST-ZIP IRVING, TX 75038	<input type="checkbox"/> Delete	TITLE Perrett, Londa C NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME VEATCH, MARCUS R STREET ADDRESS 1095 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY 10036	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Baer, Elise J STREET ADDRESS One Verizon Way CITY-ST-ZIP Basking Ridge NJ 07920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/19/06 215-466-4746 <small>Date Daytime Phone #</small>	