PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004806

GTE MOBILNET SALES CORP.

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Principal Place of Business	Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90236 046 ***150.00



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	UC CDACE	
	IS SPACE	
3. Date Incorporated or Qualifed		-
10/05/1995		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		oplied For
21 One GTE Place 26 One GTE Place 06-1226042		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Additional
27 Bldg. MailCode, GATHATA	Fee R	equired
City & State 6. Election Campaign Financing	•	May Be
23 HI PRAREHA, OF Trust Fund Contribution Trust Fund Contribution	Added	to Fees
Zip Country Zip Country 8. This corporation owes the current year		_
24 30004-8511 25 USA 29 30004-8511 30 USA Personal Property Tax.	☐ Yes	XNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registers	d Agent	
81 Name		
C T CORPORATION SYSTEM 1000 COLUMN DINE ICLAND DOAD 82 Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD		
PLANTATION FL 33324		
84 City	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. Thereby accept the app	ointment as re	egistered
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 OFFICIENCE OFFICIENCE DATE	AND DIDECT	2DC IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
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STAMFORD CT 06904

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 an attachment with an address, withful other like empowered.

SIGNATURE:

CITY-ST-ZIP