

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90236 046 \*\*\*150.00

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1. Corporation Name

GTE MOBILNET SALES CORP.



Principal Place of Business

245 PERIMETER CENTER PKWY.  
ATLANTA GA 30338

Mailing Address

245 PERIMETER CENTER PKWY.  
ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

06-1226042

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 One GTE Place

Suite, Apt. #, etc.

22 City & State

23 Alpharetta, GA

24 Zip 30004-8511 25 Country USA

2a. Mailing Address

26 One GTE Place

Suite, Apt. #, etc.

27 Bldg. Mail Code: GAIA2TXS

28 City & State

28 Alpharetta, GA

29 Zip 30004-8511 30 Country USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	FEIGNER, MARK S	245 PERIMETER CENTER PKWY.	ATLANTA GA	<input type="checkbox"/>
VS	VEATCH, MARCUS R	245 PERIMETER CENTER PKWY.	ATLANTA GA	<input checked="" type="checkbox"/>
VAS	BINION, LAURA E	245 PERIMETER CENTER PKWY.	ATLANTA GA 30338	<input type="checkbox"/>
T	O'BRIAN, DANIEL P.	1 STAMFORD FORUM	STAMFORD CT 06904	<input type="checkbox"/>
SD	DROST, MARIANNE	1 STAMFORD FORUM	STAMFORD CT	<input type="checkbox"/>
D	WHITMAN, LAWRENCE R	1 STAMFORD FORUM	STAMFORD CT 06904	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Feigner, Marks.	One GTE Place	Alpharetta, GA 30004-8511	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Ruth, Jody A.	One GTE Place	Alpharetta, GA 30004-8511	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	White, C. David	One GTE Place	Alpharetta, GA 30004-8511	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	O'Brian, Daniel P.	1255 Corporate Drive	Irving, TX 75038-2518	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Drost, Marianne	1255 Corporate Drive	Irving, TX 75038-2518	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Whitman, Lawrence	1255 Corporate Drive	Irving, TX 75038-2518	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)