

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90030 048 ***150.00

DOCUMENT # F95000006269

1. Entity Name

GTE-TCCA, INC.

Principal Place of Business 1255 CORPORATE DRIVE MAILCODE: SVC02A32 IRVING, TX 75038 US	Mailing Address 1255 CORPORATE DRIVE MAILCODE: SVC02A32 IRVING, TX 75038 US
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2. Principal Place of Business 1420 E. ROCHELLE BLVD.	3. Mailing Address 1420 E. ROCHELLE BLVD.
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Suite, Apt. #, etc. MAILCODE: HQC03E72	Suite, Apt. #, etc. MAILCODE: HQC03E72
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City & State IRVING, TX	City & State IRVING, TX
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Zip 75039	Country US	Zip 75039	Country US
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4. FEI Number 06-1442314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

A0055102

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DROST, MARIANNE 1255 CORPORATE DRIVE IRVING, TX 75038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Delete KULPINSKI, RONALD W. 1255 CORPORATE DRIVE IRVING, TX 75038	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KELLY, CHRISTOPHER J. 1310 N. COURT HOUSE ROAD ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Delete SPRING, RONALD B. 1255 CORPORATE DRIVE IRVING, TX 75038	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WATSON, LINDA K. 600 HIDDEN RIDGE IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT <input checked="" type="checkbox"/> Delete O'BRIEN, DANIEL P. 1255 CORPORATE DRIVE IRVING, TX 75038	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-GC/AS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBINSON, DIANA C. 6665 N. MACARTHUR BLVD. IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT <input type="checkbox"/> Delete DEUR, JAN L. 1255 CORPORATE DRIVE IRVING, TX 75038	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 CANYON DRIVE COPPELL, TX 75019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHNSON, KAREN M. 750 CANYON DRIVE COPPELL, TX 75019

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda K. Watson **LINDA K. WATSON** **04/06/01** **972-718-4075**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #