

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90328 026 \*\*\*150.00

**DOCUMENT # F95000006269**

1. Entity Name  
**GTE-TCCA, INC.**



**14013875**



Principal Place of Business  
**1095 AVE OF THE AMERICAS  
31ST FLOOR  
NEW YORK, NY 10036 US**

Mailing Address  
**1095 AVE OF THE AMERICAS  
31ST FLOOR  
NEW YORK, NY 10036 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**06-1442314**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T  
NAME **GARRITY, JANET**  
STREET ADDRESS **3900 WASHINGTON STREET**  
CITY-ST-ZIP **WILMINGTON, DE 19802**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NAME **KELLY, CHRISTOPHER J**  
STREET ADDRESS **1310 N COURT HOUSE ROAD**  
CITY-ST-ZIP **ARLINGTON, VA 22201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP/T  
NAME **VEATCH, MARCUS**  
STREET ADDRESS **1095 AVE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NAME **ROBINSON, DIANA C**  
STREET ADDRESS **600 HIDDEN RIDGE**  
CITY-ST-ZIP **IRVING, TX 75038**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
NAME **DEUR, JAN L**  
STREET ADDRESS **750 CANYON DRIVE**  
CITY-ST-ZIP **COPELL, TX 75019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
**MARCUS R. VEATCH**

**4/29/04 212-395-1712**  
Date Daytime Phone #