


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000006269</b> 1. Entity Name GTE-TCCA, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1442314	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRITY, JANET 3900 WASHINGTON STREET WILMINGTON, DE 19802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, CHRISTOPHER J 1310 N COURT HOUSE ROAD ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T VEATCH, MARCUS 1095 AVE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DIANA C 600 HIDDEN RIDGE IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRATHWAITE, LEE 1095 AVE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/17/05 212-385-1712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #