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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002264 (7)

1. Corporation Name
GTE VISNET INCORPORATED

Principal Place of Business

1 STAMFORD FORUM
STAMFORD CT 06904

Mailing Address

1 STAMFORD FORUM
STAMFORD CT 06901-3516



3. Date Incorporated or Qualified

05/06/1996

3a. Date of Last Report

4. FEI Number

75-2621463

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 for person or name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MASIN, MICHAEL T	
STREET ADDRESS	1 STAMFORD FORUM	
CITY - ST - ZIP	STAMFORD CT 06904	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MACEWEN, EDWARD C	
STREET ADDRESS	1 STAMFORD FORUM	
CITY - ST - ZIP	STAMFORD CT 06904	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DROST, MARIANNE	
STREET ADDRESS	1 STAMFORD FORUM	
CITY - ST - ZIP	STAMFORD CT 06904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOWLES, WILLIAM C	
STREET ADDRESS	1 STAMFORD FORUM	
CITY - ST - ZIP	STAMFORD CT 06904	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COHRS, DAN J	
STREET ADDRESS	1 STAMFORD FORUM	
CITY - ST - ZIP	STAMFORD CT 06904	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TUCCILLO, RONALD J	
STREET ADDRESS	1 STAMFORD FORUM	
CITY - ST - ZIP	STAMFORD CT 06904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Richard A. Fuller DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1 Stamford Forum	
1.3 STREET ADDRESS	Stamford CT 06904	
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Feb 97 203-965-2048
Date Daytime Phone #

CR2E034 (9/96)