


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006633 (9)

1. Corporation Name

GTE MAIN STREET INCORPORATED

Principal Place of Business

ONE STAMFORD FORUM
STAMFORD CT 06904

Mailing Address

ONE STAMFORD FORUM
STAMFORD CT 06904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last Report NA
4. FEI Number 16-1450339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 152203
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. Irving, TX
24. Country	29. 75015-2203
25. Country	30. 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. City
84. City
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

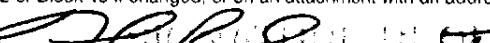
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RICHARD W	1.2 NAME	
STREET ADDRESS	800 HIDDEN RIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHRS, DAN J	2.2 NAME	
STREET ADDRESS	ONE STAMFORD FORUM	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEB, THOMAS A	3.2 NAME	
STREET ADDRESS	ONE STAMFORD FORUM	3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, ROBERT J	4.2 NAME	
STREET ADDRESS	2401 COLORADO AVENUE SUITE 160	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90404	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINNICK, LAWRENCE E	5.2 NAME	
STREET ADDRESS	800 HIDDEN RIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISCIONE, THOMAS N	6.2 NAME	
STREET ADDRESS	1420 EAST ROCHELLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75038	6.4 CITY-ST-ZIP	

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  8/16/97 (212) 915-2444

CR2E034 (4/97)