

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # F96000006633 (9)
1. Corporation Name

GTE MAIN STREET INCORPORATED



Principal Place of Business

ONE STAMFORD FORUM
STAMFORD CT 06904

Mailing Address

P O BOX 152203
IRVING TX 75015-2203
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

16-1450339

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCOTT, RICHARD W
STREET ADDRESS 600 HIDDEN RIDGE
CITY-ST-ZIP IRVING TX 75038 ☒ DELETE

TITLE VT
NAME COHRS, DAN J
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904 ☒ DELETE

TITLE V
NAME GRIEB, THOMAS A
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904 ☒ DELETE

TITLE V
NAME REGAN, ROBERT J
STREET ADDRESS 2401 COLORADO AVENUE SUITE 180
CITY-ST-ZIP SANTA MONICA CA 90404 ☐ DELETE

TITLE VAS
NAME SHINNICK, LAWRENCE E
STREET ADDRESS 600 HIDDEN RIDGE
CITY-ST-ZIP IRVING TX 75038 ☐ DELETE

TITLE V
NAME TISCIONE, THOMAS N
STREET ADDRESS 1420 EAST ROCHELLE
CITY-ST-ZIP IRVING TX 75038 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME William D. Wilson
1.3 STREET ADDRESS 600 Hidden Ridge
1.4 CITY-ST-ZIP Irving, TX 75038

2.1 TITLE VT ☐ Change ☐ Addition
2.2 NAME Daniel P. O'Brien
2.3 STREET ADDRESS One Stamford Forum
2.4 CITY-ST-ZIP Stamford CT 06904

3.1 TITLE V ☐ Change ☐ Addition
3.2 NAME Thomas A. Grieb
3.3 STREET ADDRESS One Stamford Forum
3.4 CITY-ST-ZIP Stamford CT 06904

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: Thomas N. Tiscione REQUIRED Tiscione 7/6/98 972/718-2310

CR2E034 (5/98)