

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90035 024 ***150.00

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DOCUMENT # F96000006633

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

2. Principal Place of Business

21 1255 CORPORATE DRIVE
Suite, Apt. #, etc.

22 IRVING, TX
City & State

23 75038
Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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 ☐ DELETE

TITLE	PO
NAME	WILSON, WILLIAM D
STREET ADDRESS	600 HIDDEN RIDGE
CITY-ST-ZIP	IRVING TX 75038
TITLE	VT
NAME	O'BRIEN, DANIEL P
STREET ADDRESS	ONE STAMFORD FORUM
CITY-ST-ZIP	STAMFORD CT 06904
TITLE	V
NAME	GRIEB, THOMAS A
STREET ADDRESS	ONE STAMFORD FORUM
CITY-ST-ZIP	STAMFORD CT 06904
TITLE	V
NAME	REGAN, ROBERT J
STREET ADDRESS	2401 COLORADO AVENUE SUITE 160
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	VAS
NAME	SHINNICK, LAWRENCE E
STREET ADDRESS	600 HIDDEN RIDGE
CITY-ST-ZIP	IRVING TX 75038
TITLE	V
NAME	TISCIONE, THOMAS N
STREET ADDRESS	1420 EAST ROCHELLE
CITY-ST-ZIP	IRVING TX 75038

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1255 CORPORATE DRIVE
2.4 CITY-ST-ZIP	IRVING, TX 75038
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1255 CORPORATE DRIVE
3.4 CITY-ST-ZIP	IRVING, TX 75038
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	600 HIDDEN RIDGE
4.4 CITY-ST-ZIP	IRVING, TX 75038
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	SKOGEN, SANDRA L.
5.4 CITY-ST-ZIP	6665 N. MACARTHUR BLVD IRVING, TX 75039
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1255 CORPORATE DRIVE
6.4 CITY-ST-ZIP	IRVING, TX 75038

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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99

CR2E034 (11/98)

GTE MAIN STREET INCORPORATED

OFFICERS

NAME

TITLE

**BUSINESS
ADDRESS**

William D. Wilson

President

600 Hidden Ridge
Irving, TX 75038

Daniel P. O'Brien

Vice President/
Treasurer

1255 Corporate Dr.
Irving, TX 75038

Thomas A. Grieb

Vice President

1255 Corporate Dr.
Irving, TX 75038

Robert J. Regan

Vice President

600 Hidden Ridge.
Irving, TX 75038

Sandra L. Skogen

Vice President/
Asst. Secretary

6665 N. MacArthur Blvd.
Irving, TX 75039

Thomas M. Reece

Controller

107 Elm St.
Stamford, CT 06902

Marianne Drost

Secretary

1255 Corporate Dr.
Irving, TX 75038

Jan L. Deur

Assistant Treasurer
(9/24/97)

1255 Corporate Dr.
Irving, TX 75038

Ronald B Spring

Assistant Secretary

1255 Corporate Dr.
Irving, TX 75038

Londa C. Perrett

Assistant Secretary

1255 Corporate Dr..
Irving, TX 75038

Thomas N. Tiscione

Assistant Controller

1255 Corporate Dr.
Irving, TX 75038

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545 056-90035-2K
Doc # F96000006633

DIRECTORS

Marianne Drost

1255 Corporate Dr.
Irving, TX 75038

George F. Weiskopf

6665 N. MacArthur Blvd.
Irving, TX 75038

William D. Wilson

600 Hidden Ridge
Irving, TX 75038