

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004791

1. Entity Name

GTE INTERNETWORKING INCORPORATED

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 034 ***150.00

Principal Place of Business

150 CAMBRIDGE PARK DR
CAMBRIDGE MA 02140

Mailing Address

150 CAMBRIDGE PARK DR
CAMBRIDGE MA 02140
US

2. Principal Place of Business

3 Van de Graaff Drive

Suite, Apt. #, etc.

3. Mailing Address

3 Van de Graaff Drive

Suite, Apt. #, etc.

City & State

Burlington, MA

City & State

Burlington, MA

Zip
01803

Country

Middlesex

Zip
01803

Country

Middlesex

4. FEI Number

74-2864824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLUMENTHAL, STEVEN 150 CAMBRIDGE PARK DRIVE CAMBRIDGE MA 02140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, HARRY A II 600 HIDDEN RIDGE IRVING TX 75038	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FOSTER, KENT B 600 HIDDEN RIDGE IRVING TX 75038	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUDONIS, PAUL R 150 CAMBRIDGE PARK DRIVE CAMBRIDGE MA 02140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, DAVID N 150 CAMBRIDGE PARK DRIVE CAMBRIDGE MA 02140	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 Van de Graaff Drive Burlington, MA 01803	
Vice President Charles J. Gibney 3 Van de Graaff Drive Burlington, MA 01803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3 Van de Graaff Drive Burlington, MA 01803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 Van de Graaff Drive Burlington, MA 01803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 Van de Graaff Drive Burlington, MA 01803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President Paul A. O'Brien 3 Van de Graaff Drive Burlington, MA 01803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David B. Monaghan, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/00

Daytime Phone #

781-262-2059

CR2E034 (9/99)