

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004982

1. Entity Name

GTE GLOBAL NETWORKS INCORPORATED

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90073 031 ***150.00

Principal Place of Business

Mailing Address

150 CAMBRIDGE PARK DR
CAMBRIDGE MA 02140

150 CAMBRIDGE PARK DR
CAMBRIDGE MA 02140-2322

2. Principal Place of Business

3. Mailing Address

3 Van de Graaff Drive
Suite, Apt. #, etc.

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

04-3425478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BLUMENTHAL, STEVEN
STREET ADDRESS 150 CAMBRIDGE PARK DR
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUDONIS, PAUL R
STREET ADDRESS 150 CAMBRIDGE PARK DR
CITY-ST-ZIP CAMBRIDGE MA 02140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME MONAGHAN JR, DAVID B
STREET ADDRESS 150 CAMBRIDGE PARK DR
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME PARKER, IRA H
STREET ADDRESS 150 CAMBRIDGE PARK DR
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DROST, MARIANNE
STREET ADDRESS 150 CAMBRIDGE PARK DR
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME AVRUCH, STEVEN N
STREET ADDRESS 150 CAMBRIDGE PARK DR
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Monaghan, Jr.

Date

2/2/00

Daytime Phone #

281-262-2059

CR2E034 (9/99)