

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P02331** (7)
1. Corporation Name
GTE DIRECTORIES CORPORATION



Principal Place of Business: **GTE PLACE P.O. BOX 619810 W AIRFIELD DRIVE DFW AIRPORT TX 75261-9810**
Mailing Address: **GTE PLACE P.O. BOX 619810 W AIRFIELD DRIVE DFW AIRPORT TX 75261-9810**

3. Date Incorporated or Qualified: **06/08/1984**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-3254412**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYSAUGHT, THOMAS F.	1.2 NAME	SEE ATTACHED
STREET ADDRESS	POB 619810 W AIRFIELD DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DFW AIRPORT TX	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BURKS, DALE L.	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 619810 W AIRFIELD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	DFW AIRPORT TX	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ENGLEMAN, DONALD	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 619810 W AIRFIELD DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DFW AIRPORT TX	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MCNAMARA, EDWARD F.	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 619810 W AIRFIELD DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	D/FW AIRPORT TX	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SUBLETT, EDWORD R.	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 619810 W AIRFIELD DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	D/FW AIRPORT TX	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BALSLEY, KEVIN D.	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 619810 W AIRFIELD DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	DFW AIRPORT TX	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kevin D. Balsley* **Kevin D. Balsley** 4/16/96 214-453-7360
DATE: _____ DAYTIME PHONE: _____

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GTE DIRECTORIES CORPORATION
FEIN 36-3254412

OFFICERS

<u>NAME</u>	<u>SOCIAL SECURITY</u>	<u>TITLE</u>
Earl A. Goode	404-52-6500	President
Marilyn B. Carlson	262-80-6274	Senior Vice President
Douglas C. LaVelle	483-58-7051	Senior Vice President
Donald J. Engleman	021-36-6822	Vice President-Law and Government Relations
W. Scott Hanle	213-52-5551	Vice President-Finance and Planning
Jody R. Bilney	367-76-6428	Vice President-Marketing
David H. Rawles	568-74-8234	Vice President-Printing
R. Bryant Byrd	243-70-9687	Vice President-Human Resources and Administration
Patrick J. Marshall	149-46-6908	Vice President - New Media Services
Linda A. Martin	561-90-0358	Vice President-Operations Support and Quality
David R. Landry	453-66-9936	Vice President-Information Management
Garry R. Nichols	261-29-8205	Controller
Sandra G. Parker	457-80-1776	Secretary
Dana Brooks Bourland	447-68-1783	Assistant Secretary
Kevin D. Balsley	345-44-8078	Assistant Secretary
Michael J. Luckey	337-42-4825	Assistant Secretary
Edward F. McNamara	030-40-0449	Treasurer

DIRECTORS

Earl A. Goode	Donald J. Engleman	Marilyn B. Carlson
R. Bryant Byrd	W. Scott Hanle	
Douglas C. LaVelle	David R. Landry	

Date terms of Officers expire: When successor is elected

The mailing address and phone number for all Officers and Directors is:

GTE DIRECTORIES CORPORATION
GTE Place, W. Airfield Drive
P.O. Box 619810
D/FW Airport, TX 75261-9810
214) 453-7000