


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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 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 TAX DEPT % ACCOUNTS PAYABLE - TDD01401 P.O. BOX 27800 619810 SAN ANGELO TX 76902-7800	Mailing Address TAX DEPT % ACCOUNTS PAYABLE - TDD01401 P.O. BOX 27800 619810 SAN ANGELO TX 76902
DFW Airport, Tx 75261-9810	DFW AIRPORT, TX 75261-9810

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1984	3a. Date of Last Report 04/24/1996
4. FEI Number 36-3254412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	LYSAUGHT, THOMAS F.
STREET ADDRESS	POB 619810 W AIRFIELD DR
CITY-ST-ZIP	DFW AIRPORT TX
TITLE	V <input type="checkbox"/> DELETE
NAME	BURKS, DALE L.
STREET ADDRESS	POB 619810 W AIRFIELD DR
CITY-ST-ZIP	DFW AIRPORT TX
TITLE	V <input type="checkbox"/> DELETE
NAME	ENGLEMAN, DONALD
STREET ADDRESS	POB 619810 W AIRFIELD DR
CITY-ST-ZIP	DFW AIRPORT TX
TITLE	T <input type="checkbox"/> DELETE
NAME	MCMAMARA, EDWARD F.
STREET ADDRESS	POB 619810 W AIRFIELD DR
CITY-ST-ZIP	D/FW AIRPORT TX
TITLE	AS <input type="checkbox"/> DELETE
NAME	SUBLETT, EDWARD R.
STREET ADDRESS	POB 619810 W AIRFIELD DR
CITY-ST-ZIP	D/FW AIRPORT TX
TITLE	AS <input type="checkbox"/> DELETE
NAME	BALSLEY, KEVIN D.
STREET ADDRESS	POB 619810 W AIRFIELD DR
CITY-ST-ZIP	DFW AIRPORT TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Kevin D. Balsley** **KEVIN D. BALSLEY** 4/28/97 972-453-7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0626116

CR2E034 (9/96)

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. Neal	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. Neal
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