


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 - TXDD1401
P.O. BOX 27300 **619810**
SAN ANGELO TX 76902-7300

Mailing Address
TAX DEPT
* ACCOUNTS PAYABLE - TXDD1401
P.O. BOX 27300 **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 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified **06/08/1984**
3a. Date of Last Report **04/24/1996**

4. FEI Number **36-3254412**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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		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	
STREET ADDRESS	POB 619810 W AIRFIELD DR	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
CITY - ST - ZIP	DFW AIRPORT TX	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLEMAN, DONALD	3.3 STREET ADDRESS	
STREET ADDRESS	POB 619810 W AIRFIELD DR	3.4 CITY - ST - ZIP	
CITY - ST - ZIP	DFW AIRPORT TX	4.1 TITLE	
TITLE	T <input type="checkbox"/> DELETE	4.2 NAME	
NAME	MCMAMARA, EDWARD F.	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	POB 619810 W AIRFIELD DR	4.4 CITY - ST - ZIP	
CITY - ST - ZIP	D/FW AIRPORT TX	5.1 TITLE	
TITLE	AS <input type="checkbox"/> DELETE	5.2 NAME	
NAME	SUBLETT, EDWARD R.	5.3 STREET ADDRESS	
STREET ADDRESS	POB 619810 W AIRFIELD DR	5.4 CITY - ST - ZIP	6.1 TITLE
CITY - ST - ZIP	D/FW AIRPORT TX	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME	BALSLEY, KEVIN D.	6.4 CITY - ST - ZIP	
STREET ADDRESS	POB 619810 W AIRFIELD DR		
CITY - ST - ZIP	DFW AIRPORT TX		

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
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
0628116

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