

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90047 015 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02331**

1. Corporation Name

**GTE DIRECTORIES CORPORATION**

Principal Place of Business

**TAX DEPARTMENT  
PO BOX 619810  
DFW AIRPORT TX 75261-9810  
US**

Mailing Address

**TAX DEPARTMENT  
PO BOX 619810  
DFW AIRPORT TX 75261-9810  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/08/1984**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

22 City & State

23 Zip Country

**24** **25**

2a. Mailing Address

**26** **TAX DEPARTMENT**

Suite, Apt. #, etc.

**27** **P.O. BOX 152203**

City & State

**28** **IRVING, TX**

Zip Country

**29** **75015-2203** **30** **US**

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
**GOODE, E A**  
STREET ADDRESS **POB 619810 W AIRFIELD DR**  
CITY-ST-ZIP **DFW AIRPORT TX**

TITLE ☐ DELETE

NAME **AS**  
**LEVE, SR T M**  
STREET ADDRESS **POB 619810 W AIRFIELD DR**  
CITY-ST-ZIP **DFW AIRPORT TX**

TITLE ☐ DELETE

NAME **V**  
**ENGLEMAN, DONALD**  
STREET ADDRESS **POB 619810 W AIRFIELD DR**  
CITY-ST-ZIP **DFW AIRPORT TX**

TITLE ☐ DELETE

NAME **T**  
**MCMAMARA, EDWARD F.**  
STREET ADDRESS **POB 619810 W AIRFIELD DR**  
CITY-ST-ZIP **D/FW AIRPORT TX**

TITLE ☒ DELETE

NAME **AS**  
**SUBLETT, EDWARD R.**  
STREET ADDRESS **POB 619810 W AIRFIELD DR**  
CITY-ST-ZIP **D/FW AIRPORT TX**

TITLE ☐ DELETE

NAME **AS**  
**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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S**  
**Culver, Allison**  
**P.O. BOX 619810 W AIRFIELD DR**  
**DFW AIRPORT, TX**

**1255 CORPORATE DRIVE**  
**IRVING, TX**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

545647-90047-15

GTE DIRECTORIES CORPORATION  
FEIN 36-3254412

P02337

OFFICERS

<u>NAME</u>	<u>SOCIAL SECURITY</u>	<u>TITLE</u>
Earl A. Goode	404-52-6500	President
Donald J. Engleman	021-36-6822	Vice President-Law and Government Relations
W. Scott Hanle	213-52-5551	Vice President-Finance and Planning
Marilyn B. Neal	262-80-6274	Senior Vice President
Vacant	000-00-0000	Vice President-Human Resources and Administration
David H. Rawles	568-74-8234	Vice President-Printing
R. Bryant Byrd	243-70-9687	Vice President-Operations Support and Quality
David R. Landry	453-66-9936	Vice President-Information Management
John J. McDonald	025-46-3239	Vice President-Marketing
Patrick J. Marshall	149-46-6908	Vice President - New Media Services
Jay Kelly	305-52-3132	Controller
Allison Culver	220-98-9016	Secretary
Terrence M. Leve, Sr.	563-25-7632	Assistant Secretary
Kevin D. Balsley	345-44-8078	Assistant Secretary
Edward F. McNamara	030-40-0449	Treasurer

DIRECTORS

Earl A. Goode	Donald J. Engleman	W. Scott Hanle
John J. McDonald	Patrick J. Marshall	Marilyn B. Neal
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

(972) 453-7000