

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**  
03-07-2000 90028 039 \*\*\*150.00

**DOCUMENT # P02331**

1. Entity Name

**GTE DIRECTORIES CORPORATION**

Principal Place of Business

Mailing Address

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

**TAX DEPARTMENT  
P.O. BOX 152203  
IRVING TX 75015-2203  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3254412**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 S. 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOODE, E A POB 619810 W AIRFIELD DR DFW AIRPORT TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LEVE, SR T M POB 619810 W AIRFIELD DR DFW AIRPORT TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ENGLEMAN, DONALD POB 619810 W AIRFIELD DR DFW AIRPORT TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCNAMARA, EDWARD F. POB 619810 W AIRFIELD DR D/FW AIRPORT TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CULVER, ALLISON POB 619810 W AIRFIELD DR D/FW AIRPORT TX</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BALSLEY, KEVIN D. 1255 CORPORATE DR IRVING TX</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		change <input type="checkbox"/> Addition

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:** Allison Culver **Allison Culver, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(972) 453-7000**

CR2E034 (9/99)

PO2331

Attachment  
00034 312

GTE DIRECTORIES CORPORATION  
FEIN 36-3254412

OFFICERS

<u>NAME</u>	<u>TITLE</u>
Earl A. Goode	President
Donald J. Engleman	Vice President-Law & Government Relations
W. Scott Hanle	Vice President-Finance & Planning
Marilyn B. Neal	Senior Vice President
Michael T. Metcalf	Vice President-Human Resources & Administration
Ronnie Montgomery	Vice President-Printing
Gary Hruska	Vice President-Operations-Support & Quality
David R. Landry	Vice President-Information Management
John J. McDonald	Vice President-Marketing
Patrick J. Marshall	Vice President - New Media Services
Jay Kelly	Controller
Allison Culver	Secretary
Terrence M. Leve, Sr.	Assistant Secretary
Edward F. McNamara	Treasurer

DIRECTORS

Earl A. Goode	Donald J. Engleman	W. Scott Hanle
John J. McDonald	Patrick J. Marshall	Marilyn B. Neal
David R. Landry	Ronnie Montgomery	

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