


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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90083 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P03331</b> 1. Corporation Name <b>GTE TELECOM INCORPORATED</b>					
Principal Place of Business 77 A STREET NEEDHAM MA 02194 US			Mailing Address 15000 CONFERENCE CENTER DR ATTN: TAX DEPT CHANTILLY VA 20151 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1984	
21		26		4. FEI Number 16-1226981	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	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	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	VP	<input type="checkbox"/> DELETE			
NAME	DUANE, THOMAS B.				
STREET ADDRESS	201 NORTH FRANKLIN STE 700				
CITY-ST-ZIP	TAMPA FL				
TITLE	AT	<input checked="" type="checkbox"/> DELETE			
NAME	AMIS, DAVID				
STREET ADDRESS	201 NORTH FRANKLIN SUITE 700				
CITY-ST-ZIP	TAMPA FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	TALLEY, GENE A				
STREET ADDRESS	201 N FRANKLIN ST., SUITE 700				
CITY-ST-ZIP	TAMPA FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	KING, GAIL M				
STREET ADDRESS	77 A STREET				
CITY-ST-ZIP	NEEDHAM MA				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	DROST, MARIANNE				
STREET ADDRESS	ONE STAMFORD FORUM				
CITY-ST-ZIP	STAMFORD CT				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	GAMMONS, KEVIN T				
STREET ADDRESS	77 A STREET				
CITY-ST-ZIP	NEEDHAM MA				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		AT			
2.3 STREET ADDRESS		Balsley, Kevin D.			
2.4 CITY-ST-ZIP		West Airfield Drive D/FW Airport, TX 75261			
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		VP			
3.3 STREET ADDRESS		Umlah, Richard F.			
3.4 CITY-ST-ZIP		77 "A" Street Needham, MA 02194			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99  
Date

Daytime Phone #

CR2E034 (11/98)