

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90205 013 ***150.00

DOCUMENT # P03746

1. Corporation Name

GTE WIRELESS INCORPORATED

Principal Place of Business

CT CORPORATION SYSTEM ✓
1200 S. PINE ISLAND RD
PLANTATION FL 33324
US

Mailing Address

245 PERIMETER CENTER PKWY NE
ATTN: TAX DEPT
ATLANTA GA 30346
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1984

4. FEI Number

06-1072245

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MARK FEIGNER ✓
STREET ADDRESS 245 PERIMETER CENTER PKWY
CITY-ST-ZIP ATLANTA GA

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MARK FEIGNER
1.3 STREET ADDRESS ONE GTE Place Bldg. 1
1.4 CITY-ST-ZIP Alpharetta, GA 30004-8511

TITLE SD ☐ DELETE

NAME DROST, MARIANNE ✓
STREET ADDRESS 1 STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME DROST, Marianne
2.3 STREET ADDRESS 1255 Corporate Drive
2.4 CITY-ST-ZIP Irving, TX 75038-2518

TITLE VP ☐ DELETE

NAME KENT, JOHN P. Z.
STREET ADDRESS 1 STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME Kent, John P. Z.
3.3 STREET ADDRESS 1255 Corporate Drive
3.4 CITY-ST-ZIP Irving, TX 75038-2518

TITLE V ☐ DELETE

NAME RUTH, JODY A.
STREET ADDRESS 245 PERIMETER CENTER PARKWAY
CITY-ST-ZIP ATLANTA GA 30346

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME Ruth, Jody A.
4.3 STREET ADDRESS ONE GTE Place Bldg. 1
4.4 CITY-ST-ZIP Alpharetta, GA 30004-8511

TITLE T ☐ DELETE

NAME O'BRIAN, DANIEL P.
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT 06904

5.1 TITLE T ☒ Change ☐ Addition

5.2 NAME O'Brian, Daniel P.
5.3 STREET ADDRESS 1255 Corporate Drive
5.4 CITY-ST-ZIP Irving, TX 75038-2518

TITLE V ☐ DELETE

NAME VANDUZER, KEITH
STREET ADDRESS 245 PERIMETER CENTER PKWY
CITY-ST-ZIP ATLANTA GA

6.1 TITLE V ☒ Change ☐ Addition

6.2 NAME Vanduzer, Keith
6.3 STREET ADDRESS ONE GTE Place
6.4 CITY-ST-ZIP Alpharetta, GA 30004-8511

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:

C. J. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

678-339-5089
Daytime Phone #

CR2E034 (11/98)