


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03746	
1. Entity Name GTE WIRELESS INCORPORATED	

Principal Place of Business 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036 US	Mailing Address 1717 ARCH STREET 15TH FLOOR PHILADELPHIA, PA 19103 US
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1072245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000229018 02/14/05-80064-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIERCKSEN, JOHN W 1095 AVE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROST, MARIANNE 1095 AVE OF THE AMERICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GARRITY, JANET M 3900 WASHINGTON STREET 2ND FLOOR WILMINGTON, DE 19802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEITMANN, WILLIAM F 1095 AVE OF THE AEMRICAS NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, PAUL N 1717 ARCH ST 15TH FLOOR PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Paul N. Kelly</u>	<u>Paul N. Kelly, Vice Pres - Tax</u>	<u>02/11/05</u>	<u>215-963-10343</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #