

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03746 1. Entity Name GTE WIRELESS INCORPORATED	
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Principal Place of Business ONE VERIZON WY BASKING RIDGE, NJ 07920 US	Mailing Address 1717 ARCH STREET 21ST FLOOR PHILADELPHIA, PA 19103 US
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1072245	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIERCKSEN, JOHN W 140 W ST NEW YORK, NY 10007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROST, MARIANNE ONE VERIZON WY BASKING RIDGE, NJ 07920
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 WEBSTER, CATHERINE T ONE VERIZON WY BASKING RIDGE, NJ 07920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIN, JANA L 1717 ARCH ST, 21ST FLOOR PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/04/07-80031-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JANA L. CRAIN Vice Pres-Taxes** 4/12/07 215-466-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #