

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09093 (6)
1. Corporation Name
GTE COMMUNICATIONS SERVICES INCORPORATED



Principal Place of Business Mailing Address
ONE STAMFORD FORUM **ONE STAMFORD FORUM**
STAMFORD CT 06901 **STAMFORD CT 06901**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1986		3a. Date of Last Report 04/19/1995	
21		26		4. FEI Number 16-1253845		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		24		25	
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
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 on this page 2 only.

(Note: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CARSWELL, BRUCE	1.2 NAME	Rosen, Jay M.
STREET ADDRESS	16 HIGHLAND WAY	1.3 STREET ADDRESS	21 Longledge Drive
CITY- ST- ZIP	SCARSDALE NY	1.4 CITY- ST- ZIP	Rye Brook, NY
TITLE	D	2.1 TITLE	
NAME	KELLY, JOHN M	2.2 NAME	
STREET ADDRESS	162 WOODRIDGE CIR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW CANAAN CT	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	
NAME	KENT, JOHN P.Z.	3.2 NAME	
STREET ADDRESS	840 PARK AVE.	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	
NAME	DROST, MARIANNE	4.2 NAME	
STREET ADDRESS	2289 BEDFORD ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	STAMFORD CT	4.4 CITY- ST- ZIP	
TITLE	AT	5.1 TITLE	
NAME	TAYLOR, BRAIN	5.2 NAME	
STREET ADDRESS	59 HAZELTON DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	WHITE PLAINS NY	5.4 CITY- ST- ZIP	
TITLE	DVP	6.1 TITLE	VP
NAME	MULHERN, EUGENE L.	6.2 NAME	Alvin E. Ludwig
STREET ADDRESS	68 PHEASANT LANE	6.3 STREET ADDRESS	82 Stone Leigh Road
CITY- ST- ZIP	GREENWICH CT	6.4 CITY- ST- ZIP	Trumbull, CT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALVIN E. LUDWIG

4/12/96 (203) 965-2000

Date

Daytime Phone #

CR2E034 (12/95)