FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16957** **(3)**

1. Corporation Name
GTE AIRFONE INCORPORATED

Principal Place of Business	Mailing Address
2809 BUTTERFIELD ROAD OAK BROOK IL 60522-9000 US	2809 BUTTERFIELD ROAD OAK BROOK IL 60521

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/25/1987**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: **36-3166957** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent, signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LINDSAY, HORACE A	12 NAME	
STREET ADDRESS	32 ROYAL VALE DR	13 STREET ADDRESS	
CITY-ST-ZIP	OAKBROOK IL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	HOLMQUIST, ROBERT C	22 NAME	LEPUCKI, THADDEUS J.
STREET ADDRESS	456 STAGECOACH CT	23 STREET ADDRESS	1131 S. RIDGE AVE
CITY-ST-ZIP	GLEN ELLYN FL	24 CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 6005
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, MARK S	32 NAME	
STREET ADDRESS	864 TURNBRIDGE CIR	33 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	34 CITY-ST-ZIP	
TITLE	TVP	41 TITLE	V ☒ Change ☐ Addition
NAME	WEIL, DIA S.	42 NAME	
STREET ADDRESS	3 REGENT WOOD ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	NORHTFIELD IL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	DROST, MARIANNE	52 NAME	
STREET ADDRESS	2289 BEDFORD ST. F-2	53 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	PARKER, TERRY S.	62 NAME	
STREET ADDRESS	290 CHASON WOOD WAY	63 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	64 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____ 16 Jan 95 708-572-1800
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
5/8/95 365 575 1205

0477618 FP