


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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P16957 (3)
1. Corporation Name
GTE AIRFONE INCORPORATED

Principal Place of Business
2809 BUTTERFIELD ROAD
OAK BROOK IL 60522-8000
US

Mailing Address
2809 BUTTERFIELD ROAD
OAK BROOK IL 60521



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/25/1987 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 36-3166957 | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARLESS, KATHERINE | 1.2 NAME | |
| STREET ADDRESS | 4 BEL AIRE COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURR RIDGE IL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEPUCKI, THADDEUS J. | 2.2 NAME | HARDY WHITE |
| STREET ADDRESS | 1131 S RIDGE AVE. | 2.3 STREET ADDRESS | 2812 HOLLENBACK CT. |
| CITY-ST-ZIP | ARLINGTON HEIGHTS IL | 2.4 CITY-ST-ZIP | NAPERVILLE IL 60565 |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHNEIDER, MARK S | 3.2 NAME | PAUL L. KIMMEL JR. |
| STREET ADDRESS | 884 TURNBRIDGE CIR | 3.3 STREET ADDRESS | 1102 FOX GLEN DR. |
| CITY-ST-ZIP | NAPERVILLE IL | 3.4 CITY-ST-ZIP | ST. CHARLES, IL 60174 |
| TITLE | VP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GATTO, FRANK P. | 4.2 NAME | |
| STREET ADDRESS | 2624 WINTER PARK DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPERVILLE IL | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DROST, MARIANNE | 5.2 NAME | |
| STREET ADDRESS | 2289 BEDFORD ST. F-2 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | STAMFORD CT | 5.4 CITY-ST-ZIP | |
| TITLE | S | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MENABE, BRENDA A. | 6.2 NAME | TREASURER |
| STREET ADDRESS | 3316 SUMMERHILL DR | 6.3 STREET ADDRESS | DANIEL P. O'BRIEN |
| CITY-ST-ZIP | WOODRIDGE IL | 6.4 CITY-ST-ZIP | 7 MORGANTI COURT |

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.

SIGNATURE: *Frank P. Gatto* *FRANK P. GATTO* 4/14/98 (690) 572-1800

CR2E034 (10/97)