## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P16957**

1. Entity Name

## GTE AIRFONE INCORPORATED

Principal Place of Business 2809 BUTTERFIELD ROAD OAK BROOK IL 60522-9000

Mailing Address

2809 BUTTERFIELD ROAD OAK BROOK IL 60523-1151

. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
01-20-21	Ch. P. Ot-	

**FILED** May 30, 2000 8:00 am Secretary of State

05-30-2000 90070 047 \*\*\*550.00



Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	е	City & State		4. FEI Number 36-3166957 Applied For		
			<del></del>	INOT Applicab		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent		
			Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
		City	FL Zip Code			
	named entity submits this statemer	nt for the purpose of changing	g its registered office or r	registered agent, or both, in the State of Florida.		
SIGNATURE ,	Signature, typed or printed name of registered at	gent and title if applicable	(NOTE: Registered Agent signature	re required when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$ After MAY 1, 2000 Fee will Make Check Payable to Depar		, 2000 Fee will be \$55	50.00 Trust Fund Contribution.			
11.	OFFICERS A	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	HARLESS, KATHERINE		NAME			
STREET ADDRESS	4 BEL AIRE COURT		STREET ADDRESS			
CITY-ST-ZIP	BURR RIDGE IL		CITY-ST-ZIP			
TITLE	VP .	<b>X</b> Delete	TITLE	ASSISTANT SECRETARY Change Addition		
11110	MUITE HADDY		NAME	TO STATE OF		

white, hardy ONALD W. KALIST STREET ADDRESS RD. STREET ADDRESS 2812 HOLLENBACK CT CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL 60565 605AA ☐ Change ★ Addition TITLE Delete TITLE NAME KIMMEL, PAUL L. JR. NAME RD. BUTTERFIELD STREET ADDRESS 1102 FOX GLEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CHARLES IL 60174 ۷P X Delete ☐ Change TITLE Addition GATTO, FRANK P. NAME STREET ADDRESS 2624 WINTER PARK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL TITLE ☐ Delete Change ☐ Addition DROST, MARIANNE NAME STREET ADDRESS 1202 LANSDOWNE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOUTHLAKE TX 76092** ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME O'BRIEN, DANIEL P. NAME STREET ADDRESS 7 MORGANTI COURT STREET ADDRESS

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

RIDGEFIELD CT 06877

CITY-ST-ZIP