05-08-2002 90096 023 ***150.00

DO NOT WRITE IN THIS SPACE

	IIII DOGINEGO	neroni
DOCUMENT #	P16957	• • •

1. Entity Name

GTE AIRFONE INCORPO

HIRFONE INC.

Principal Place of Business

2809 BUTTERFIELD ROAD

OAK BROOK IL 60522-9000

2. Principal Place of Business

Mailing Address

3. Mailing Address

2809 BUTTERFIELD ROAD OAK BROOK IL 60521

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

City & State

City & State

Country

4. FEI Number

5. Certificate of Status Desired

36-3166957

7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

Applied For

Not Applicable

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD

PLANTATION FL 33324

(See criteria on back)

Name

Country

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

FL

DATE

Zip Code

t. 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.

SIGNATURE .

Zip

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME PALLONE, WILLIAM E NAME STREET ADDRESS 2809 BUTTERFIELD ROAD STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60522 CITY-ST-ZIP TITLE ☐ Delete TITLE AS Change ☐ Addition NAME KALISZ, RONALD J NAME STREET ADDRESS STREET ADDRESS 2809 BUTTERFIELD ROAD CITY-ST-ZIP OAK BROOK IL 60522 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BEMBENEK, LAURA NAME STREET ADDRESS 2809 BUTTERFIELD ROAD STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60522 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DROST, MARIANNE NAME STREET ADDRESS 1202 LANSDOWNE CT STREET ADDRESS CITY-ST-ZIP SOUTHLAKE TX 76092 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME WHITMAN, LAWRENCE R STREET ADDRESS 2809 BUTTERFIELD ROAD STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60522 CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition