

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90236 039 ***150.00

DOCUMENT # P20701

1. Corporation Name

GTE CELLULAR COMMUNICATIONS CORPORATION

Principal Place of Business

CT CORPORATION SYSTEM
1200 SO PINE ISLD RD
PLANTATION FL 33324
US

Mailing Address

245 PERIMETER CENTER PKWY NE
ATTN: TAX DEPT
ATLANTA GA 30346
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1988

4. FEI Number

33-0043762

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **One GTE Place**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **One GTE Place**

Suite, Apt. #, etc.

27 **Mail Code: GA1A2TX**

23 City & State

AlphaRetta, GA

Zip Country

24 **30004-8511**

25 **USA**

28 City & State

AlphaRetta, GA

Zip Country

29 **30004-8511**

30 **USA**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **MARK FEIGNER**
STREET ADDRESS **245 PERIMETER CENTER PKWY**
CITY-ST-ZIP **ATLANTA GA**

TITLE S ☐ DELETE

NAME **DROST, MARIANNE**
STREET ADDRESS **ONE STAMFORD FORUM**
CITY-ST-ZIP **STAMFORD CT**

TITLE T ☐ DELETE

NAME **O'BRIAN, DANIEL P.**
STREET ADDRESS **ONE STAMFORD FORUM**
CITY-ST-ZIP **STAMFORD CT 06904**

TITLE V ☐ DELETE

NAME **RUTH, JODY A.**
STREET ADDRESS **245 PERIMETER CENTER PKWY**
CITY-ST-ZIP **ATLANTA GA 30346**

TITLE AS ☒ DELETE

NAME **MARC VEATCH**
STREET ADDRESS **245 PERIMETER CENTER PKWY**
CITY-ST-ZIP **ATLANTA GA**

TITLE V ☒ DELETE

NAME **SMITH, BYRON**
STREET ADDRESS **245 PERIMETER CENTER PARKWAY**
CITY-ST-ZIP **ATLANTA GA 30346**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME **Feigner, Mark**
1.3 STREET ADDRESS **One GTE Place**
1.4 CITY-ST-ZIP **AlphaRetta, GA 30004-8511**

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME **DROST, Marianne**
2.3 STREET ADDRESS **1255 Corporate Drive**
2.4 CITY-ST-ZIP **Irving, TX 75038-2518**

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME **O'Brian, Daniel P.**
3.3 STREET ADDRESS **1255 Corporate Dr.**
3.4 CITY-ST-ZIP **Irving, TX 75038-2518**

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME **Ruth, Jody A.**
4.3 STREET ADDRESS **One GTE Place**
4.4 CITY-ST-ZIP **AlphaRetta, GA 30004-8511**

5.1 TITLE AS ☐ Change ☐ Addition

5.2 NAME **White, C. David**
5.3 STREET ADDRESS **One GTE Place**
5.4 CITY-ST-ZIP **AlphaRetta, GA 30004-8511**

6.1 TITLE V ☐ Change ☐ Addition

6.2 NAME **McDonough, Michael J.**
6.3 STREET ADDRESS **One GTE Place**
6.4 CITY-ST-ZIP **AlphaRetta, GA 30004-8511**

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(678) 339-4011

CR2E034 (11/98)