

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20701

1. Entity Name

GTE CELLULAR COMMUNICATIONS CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90870 040 ***150.00

Principal Place of Business

ONE G.T.E. PLACE
 MAILCODE:GA1A2TXS
 ALPHARETTA GA 30004-8511
 US

Mailing Address

ONE G.T.E. PLACE
 MAILCODE:GA1A2TXS
 ALPHARETTA GA 30004
 US

2. Principal Place of Business

3. Mailing Address

One GTE Place

Suite, Apt. #, etc.

Mailcode: GA1A3REV

City & State

City & State

Alpharetta, GA

Zip

Country

Zip

30004.8511

Country

Fulton

4. FEI Number

33-0043762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature 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 \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARK FEIGNER ONE GTE PLACE ALPHARETTA GA 30004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DROST, MARIANNE 1255 CORPORATE DR IRVING TX 75038-2518	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIAN, DANIEL P. 1255 CORPORATE DR IRVING TX 75038-2518	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUTH, JODY A. ONE GTE PLACE ALPHARETTA GA 30004-8511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHITE, C. DAVID ONE GTE PLACE ALPHARETTA GA 30004-8511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONOUGH, MICHAEL J ONE GTE PLACE ALPHARETTA GA 30004-8511	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Controller Linda L. Libra One GTE Place Alpharetta, GA 30004.854	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Linda L. Libra

Linda L. Libra

4/5/00

678.339.5042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)