

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23873

(3)

1. Corporation Name

GTE TELECOMMUNICATION SERVICES INCORPORATED

Principal Place of Business

Mailing Address

WEST AIRFIELD DRIVE
P.O. BOX 619810 ATTN: TAX DEPT.
DFW AIRPORT TX 75261-9810

WEST AIRFIELD DRIVE
P.O. BOX 619810 ATTN: TAX DEPT.
DFW AIRPORT TX 75261-9810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

06-1262301

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

No

2. Principal Place of Business

2a. Mailing Address

21 201 N. FRANKLIN ST.

26 245 PERIMETER CTR PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FL

28 ATLANTA, GA

Zip

Country

Zip

Country

24 33602

25 USA

29 30346

30 USA

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME QUICK, GORDON D
STREET ADDRESS GTE PL W. AIRFIELD DRIVE
CITY - ST - ZIP D/FW AIRPORT TX

1 1 TITLE PRESIDENT
1 2 NAME TODD E. ELIASON
1 3 STREET ADDRESS 201 N. FRANKLIN
1 4 CITY - ST - ZIP TAMPA, FL 33602

☒ Change ☐ Addition

TITLE VP
NAME AARONSON, EDWARD P
STREET ADDRESS GTE PL W AIRFIELD DRIVE
CITY - ST - ZIP D/FW AIRPORT TX

2 1 TITLE ASST. SECRETARY
2 2 NAME PAUL A. WILCOCK
2 3 STREET ADDRESS 201 N. FRANKLIN
2 4 CITY - ST - ZIP TAMPA, FL 33602

☒ Change ☐ Addition

TITLE VPS
NAME LIEB, GEORGE
STREET ADDRESS GTE PL W AIRFIELD DRIVE
CITY - ST - ZIP D/FW AIRPORT TX

3 1 TITLE VP
3 2 NAME DANIEL S. MEAD
3 3 STREET ADDRESS 201 N. FRANKLIN
3 4 CITY - ST - ZIP TAMPA, FL 33602

☒ Change ☐ Addition

TITLE GCS
NAME MURRAY, JOHN T.
STREET ADDRESS GTE PL W AIRFIELD DRIVE
CITY - ST - ZIP D/FW AIRPORT TX

4 1 TITLE CONTROLLER
4 2 NAME LENA PELLICIONE
4 3 STREET ADDRESS 201 N. FRANKLIN
4 4 CITY - ST - ZIP TAMPA, FL 33602

☒ Change ☐ Addition

TITLE SAT
NAME BALSLEY, KEVIN D.
STREET ADDRESS GTE PL W AIRFIELD DRIVE
CITY - ST - ZIP D/FW AIRPORT TX

5 1 TITLE SECRETARY
5 2 NAME PATRICK PUCCI
5 3 STREET ADDRESS 201 N. FRANKLIN
5 4 CITY - ST - ZIP TAMPA, FL 33602

☒ Change ☐ Addition

TITLE D
NAME LYSAGHT, THOMAS
STREET ADDRESS GTE PL W AIRFIELD DRIVE
CITY - ST - ZIP D/FW AIRPORT TX

6 1 TITLE VP
6 2 NAME RICHARD S. KIRBY
6 3 STREET ADDRESS 201 N. FRANKLIN
6 4 CITY - ST - ZIP TAMPA, FL 33602

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Todd E. Eliason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95 (404)668-1994