

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

*Ag 1 of 2*

**DOCUMENT # P02386 (1)**

1. Corporation Name  
**GTE DIRECTORIES SALES CORPORATION**



Principal Place of Business	Mailing Address
<b>GTE PLACE W. AIRFIELD DRIVE DFW AIRPORT TX 75261-9810</b>	<b>GTE PLACE W. AIRFIELD DRIVE DFW AIRPORT TX 75261-9810</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/12/1984</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>36-3254411</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLSON, MARILYN B</b>	1.2 NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	<b>GTE PLACE W AIRFIELD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DFW AIRPORT TX</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>HANLE, W S</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GTE PLACE W AIRFIELD DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DFW AIRPORT TX</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>POLLARD, CLINT E</b>	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GTE PLACE W AIRFIELD DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DFW AIRPORT TX</b>	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>LAYER, SCOTT B</b>	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GTE PLACE W AIRFIELD DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>D/FW AIRPORT TX</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>ENGLEMAN, DONALD J.</b>	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GTE PLACE W AIRFIELD DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DFW AIRPORT TX</b>	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>BALSLEY, KEVIN D.</b>	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GTE PLACE W AIRFIELD DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DFW AIRPORT TX</b>	6.4 CITY-ST-ZIP	

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 119.07(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: *Kevin D. Balsley* **Kevin D. Balsley** **4/16/96** **214-453-7360**  
 \_\_\_\_\_ Date Daytime Phone #

CR2E034 (12/95)

GTE DIRECTORIES SALES CORPORATION  
FEIN 36-3254411

OFFICERS

<u>NAME</u>	<u>SOCIAL SECURITY</u>	<u>TITLE</u>
Marilyn B. Carlson	262-80-6274	Vice President/General Manager
W. Scott Hanle	213-52-5551	Vice President-Finance
Clint E. Pollard	251-86-0884	Vice President-Western Region
Harold S. Johnson	448-40-3742	Vice President-Central Region
Richard G. Martin	174-38-8329	Vice President-Eastern Region
Patrick J. Marshall	149-46-6908	Vice President-New Media Services
Garry R. Nichols	261-29-8205	Controller
Sandra G. Parker	457-80-1776	Secretary
Dana Brooks Bourland	447-68-1783	Assistant Secretary
Kevin D. Balsley	345-44-8078	Assistant Secretary
Michael J. Luckey	337-42-4825	Assistant Secretary
Edward F. McNamara	030-40-0449	Treasurer

DIRECTORS

- Earl A. Goode
- Donald J. Engleman
- W. Scott Hanle
- R. Bryant Byrd
- Marilyn B. Carlson

Date terms of Officers expire: When successor is elected

The mailing address and phone number for all Officers and Directors is:

GTE DIRECTORIES SALES CORPORATION  
GTE Place, W. Airfield Drive  
P.O. Box 619810  
D/FW Airport, TX 75261-9810

(214) 453-7000