

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 829591 (7)
1. Corporation Name
MCI TELECOMMUNICATIONS CORPORATION



Principal Place of Business: 1801 PA AVENUE NW
~~ATTN: INCOME TAX DEPT~~
WASHINGTON D. 20006 US

Mailing Address: 1133 19TH STREET NW
ATTN: INCOME TAX DEPT
WASHINGTON D. 20036 US

3. Date Incorporated or Qualified: 02/27/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 13-2745892
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: 21
Suite, Apt. #, etc: 22
City & State: 23 WASHINGTON DC
Zip: 24
Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28 WASHINGTON DC
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0402 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBERTS, BERT C., JR.	
STREET ADDRESS	1801 PA AVE NW	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAU, CHARLES W.	
STREET ADDRESS	1133 19TH STREET, NW	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	WORTHINGTON, J. R.	
STREET ADDRESS	1801 PA AVE NW	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS QUINN	
STREET ADDRESS	1801 PA AVE NW	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BOLTON-SMITH, C.	
STREET ADDRESS	1801 PA AVENUE NW	
CITY-STATE-ZIP	WASHINGTON D.	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, GERALD H.	
STREET ADDRESS	1801 PA AVENUE NW	
CITY-STATE-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S, V.P.D MICHAEL SALSURY
3.3 STREET ADDRESS	1801 PA AVE, NW
3.4 CITY-STATE-ZIP	WASHINGTON, DC 20006
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Washington DC
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P TIMOTHY PRICE
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 trustee 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 as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHARLES W. RAU
VICE PRES.
4/29/96 202-736-6000

CR2E034 (12/95)