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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **829591**
 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 8408
 WASHINGTON DC 20036
 US**

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
02/27/1973

4. FEI Number
13-2745892

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

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBERTS, BERT C., JR.	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAU, CHARLES W.	
STREET ADDRESS	1133 19TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	SALSBURY, MICHAEL	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMAS QUINN	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	MAINE, DOUGLAS	
STREET ADDRESS	1801 PA AVE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRICE, TIMOTHY	
STREET ADDRESS	1801 PA AVENUE NW	
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. & Gen. Tax Counsel
2.3 STREET ADDRESS	WALTER NAGEL
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Walter Nagel* **Walter Nagel** 4/29/99 202-736-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/198)