


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90069 041 \*\*\*150.00

**DOCUMENT # 829591**  
 1. Entity Name  
**MCI WORLDCOM NETWORK SERVICES, INC.**




Principal Place of Business  
**22001 LOUDOUN COUNTY PKWY  
 ASHBURN, VA 20147 US**

Mailing Address  
**1133 19TH STREET NW  
 #8408  
 WASHINGTON, D. 20036 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Tax Dept 8408 Bldg C2-3 512  
 22001 Loudoun County Parkway  
 Ashburn, VA 20147

City & State  
 Zip Country



04122005 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-2745892**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

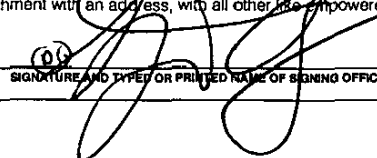
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CAPELLAS, MICHAEL 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILL, WILLIAM 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOONEY, STEPHEN R 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGAREY, JENNIFER 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKELY, ROBERT T 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ANASTASIA 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen C. Ferguson, Vice Pres 22001 Loudoun County Parkway Ashburn, VA 20147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victoria Harker, Treas. 22001 Loudoun County Parkway Ashburn, VA 20147	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerer.

**SIGNATURE:**  Stephen C. Ferguson, Vice Pres 21 APR 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE Date Daytime Phone #