

6006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90452 031 ***150.00

DOCUMENT # 829591

1. Entity Name

MCI NETWORK SERVICES, INC.



Principal Place of Business

22001 LOUDOUN COUNTY PKWY
 ASHBURN VA 20147
 US

Mailing Address

TAX DEPT 8408 BLDG C2-3 512
 2201 LONDON COUNTY PARKWAY
 ASHBURN VA 20147
 US



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Killian, John F	
STREET ADDRESS	22001 Loudoun County Pkwy	
CITY-ST-ZIP	Ashburn, VA 20147	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veatch, Marcus	
STREET ADDRESS	22001 Loudoun County Pkwy	
CITY-ST-ZIP	Ashburn, VA 20147	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzmire, Robert	
STREET ADDRESS	22001 Loudoun County Pkwy	
CITY-ST-ZIP	Ashburn, VA 20147	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitch, Randal S	
STREET ADDRESS	22001 Loudoun County Pkwy	
CITY-ST-ZIP	Ashburn, VA 20147	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shammo, Francis J	
STREET ADDRESS	22001 Loudoun County Pkwy	
CITY-ST-ZIP	Ashburn, VA 20147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowered.

SIGNATURE: Marcus Veatch Marcus Veatch, VP 4/10/06 703.886.4970
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #