

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 853670 (8)
 1. Corporation Name
TRANSCALL AMERICA, INC.



| | |
|---|---|
| Principal Place of Business 515 E AMITE ST JACKSON MS 39201-2702 US | Mailing Address PO BOX 23387 JACKSON MS 39225-3387 515 E. Amite St. Jackson MS 39201-2702 |
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|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/05/1982 | 3a. Date of Last Report 05/01/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 58-1472775 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. 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 607.0502 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EBBERS, BERNARD | 1.2 NAME | |
| STREET ADDRESS | 515 E AMITE ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON MS | 1.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MYERS, DAVID | 2.2 NAME | |
| STREET ADDRESS | 515 EAST AMITE STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON MS | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EBBERS, BERNARD | 3.2 NAME | |
| STREET ADDRESS | 515 E AMITE ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON MS | 3.4 CITY - ST - ZIP | |
| TITLE | DAS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANNADA, CHARLES T | 4.2 NAME | |
| STREET ADDRESS | 515 E AMITE ST | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON MS | 4.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, SCOTT D | 5.2 NAME | |
| STREET ADDRESS | 515 E AMITE ST | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON MS | 5.4 CITY - ST - ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, WILLIAM E | 6.2 NAME | |
| STREET ADDRESS | 515 EAST AMITE STREET | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSON MS | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE:  **David E. Myers** 4/17/97 (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

WorldCom, Inc.

Officers

President & CEO
Bernard J. Ebbers, SS# 525-88-8835
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Secretary, Treasurer & CFO
Scott D. Sullivan, SS# 078-56-5798
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Assistant Secretary
Charles T. Cannada, SS#587-58-3197
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Assistant Secretary
William E. Anderson, SS#261-80-6057
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

VP/Controller
David F. Myers, SS#427-94-9919
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Directors

John A. Porter
Bernard J. Ebbers
Carl J. Aycock
Max E. Bobbitt
James Q. Crowe
David C. McCourt
John W. Sidgmore
Lawrence C. Tucker

Francesco Galesi
Stiles A. Kellett, Jr.
R. Douglas Bradbury
Richard R. Jaros
Walter Scott, Jr.
Scott D. Sullivan
Michael B. Yanney