

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013651  
AF

DOCUMENT # **M97000000483**

1. Entity Name  
**WORLDCOM PURCHASING, L.L.C.**

00 APR 27 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~515 EAST AMITE~~  
~~JACKSON MS 39201~~

Mailing Address  
1133 19TH STREET N.W.  
DEPT 8408  
WASHINGTON DC 20036-3604



2. Principal Place of Business  
**500 Clinton Center Dr.**  
Suite, Apt. #, etc. **Clinton, MS 39056**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
City & State  
Zip Country **US** Zip Country

*MDM*

DO NOT WRITE IN THIS SPACE

4. FEI Number **72-1380746** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EBBERS, BERNARD 515 EAST AMITE JACKSON MS 39201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Clinton Center Dr.</b> <b>Clinton, MS 39056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG SULLIVAN, SCOTT 515 EAST AMITE JACKSON MS 39201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500 Clinton Center Dr.</b> <b>Clinton, MS 39056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTER NAGEL 1133 19TH STREET, N.W. WASH. D.C. 20036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003249520--2</b> <b>-05/11/00--01125--009</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **Walter Nagel** *4/24/00* *202-736-6000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)