


**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90010 043 \*\*\*150.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # M97000000483</b>					
1. Entity Name <b>WORLDCOM PURCHASING, L.L.C.</b>					
Principal Place of Business <b>22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147</b>			Mailing Address <b>1133 19TH STREET N.W. DEPT 8408 WASHINGTON, DC 20036</b>		
2. Principal Place of Business <b>22001 Loudoun Cty. Pkwy</b>		3. Mailing Address <b>8408</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-LLC CR2E083 (10/03)	
City & State <b>Ashburn VA</b>		City & State		4. FEI Number <b>72-1380746</b>	
Zip <b>20147</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 except the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPELLAS, MICHAEL 22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147	<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	MGR SALSURY, MICHAEL 22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147	<input checked="" 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	
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	
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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 60B, Florida Statutes.					
SIGNATURE: <i>John C. McCoy</i>			4/27/04		
<small>DATE AND TIME OF SIGNATURE AND ZIP CODE ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Attachment  
24069808  
#M97000000483

**OFFICERS LIST**

**President & CEO**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Treasurer**

William Hamill  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Assistant Treasurer**

Stephen R. Mooney  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Secretary**

Jennifer McGarey  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**DIRECTORS**

Robert T. Blakely  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

Anastasia Kelly  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147