

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829591 (7)

1. Corporation Name
MCI TELECOMMUNICATIONS CORPORATION



Principal Place of Business
1801 PA AVENUE NW
ATTN: INCOME TAX DEPT
WASHINGTON D. 20006
US

Mailing Address
1133 19TH STREET NW
ATTN: INCOME TAX DEPT
WASHINGTON D. 20036-3804
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/27/1973

3a. Date of Last Report
05/01/1996

4. FEI Number
13-2745892

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|--|--|---|---------------------------------|--|--|
| TITLE | CD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ROBERTS, BERT C., JR. | | | 1.2 NAME | | | |
| STREET ADDRESS | 1801 PA AVE NW | | | 1.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | WASHINGTON DC | | | 1.4 CITY-STATE-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RAU, CHARLES W. | | | 2.2 NAME | | | |
| STREET ADDRESS | 1133 19TH STREET, NW | | | 2.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | WASHINGTON DC | | | 2.4 CITY-STATE-ZIP | | | |
| TITLE | SVPD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | SALSBURY, MICHAEL | | | 3.2 NAME | | | |
| STREET ADDRESS | 1801 PA AVE NW | | | 3.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | WASHINGTON DC | | | 3.4 CITY-STATE-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | THOMAS QUINN | | | 4.2 NAME | | | |
| STREET ADDRESS | 1801 PA AVE NW | | | 4.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | WASHINGTON DC | | | 4.4 CITY-STATE-ZIP | | | |
| TITLE | VAS | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | BOLTON-SMITH, C. | | | 5.2 NAME | | | |
| STREET ADDRESS | 1801 PA AVENUE NW | | | 5.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | WASHINGTON DC | | | 5.4 CITY-STATE-ZIP | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | PRICE, TIMOTHY | | | 6.2 NAME | | | |
| STREET ADDRESS | 1801 PA AVENUE NW | | | 6.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | WASHINGTON DC | | | 6.4 CITY-STATE-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: _____

4/28/97 282-736-6000

CR2E034 (9/96)