

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90069 041 \*\*\*150.00

<b>DOCUMENT # 829591</b> 1. Entity Name <b>MCI WORLDCOM NETWORK SERVICES, INC.</b>					
Principal Place of Business <b>22001 LOUDOUN COUNTY PKWY ASHBURN, VA 20147 US</b>			Mailing Address <b>1133 19TH STREET NW #8408 WASHINGTON, D. 20036 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Tax Dept 8408 Bldg C2-3 512 22001 Loudoun County Parkway Ashburn, VA 20147			
City & State		Zip		Country	
4. FEI Number <b>13-2745892</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301</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 accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CAPELLAS, MICHAEL 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILL, WILLIAM 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MOONEY, STEPHEN R 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGAREY, JENNIFER 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKELY, ROBERT T 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ANASTASIA 22001 LOUDOUN COUNTY PKWY. ASHBURN, VA 20147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen C. Ferguson, Vice Pres 22001 Loudoun County Parkway Ashburn, VA 20147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victoria Harker, Treas. 22001 Loudoun County Parkway Ashburn, VA 20147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 empowerer.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE</small>		Stephen C. Ferguson, Vice Pres Date <u>21 APR 2005</u> Daytime Phone # _____			