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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 # 844823 (5)

1. Corporation Name

SHL SYSTEMHOUSE CORP.
DBA: MCI SYSTEMHOUSE CORP.

Principal Place of Business

1801 PENNSYLVANIA AVENUE, NW
WASHINGTON DC 20006
US

Mailing Address

1133 19TH STREET NW
ATTN: DON JACOB
WASHINGTON DC 20036-3604
US



3. Date Incorporated or Qualified

12/13/1979

3a. Date of Last Report

12/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

54-1091238

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ROSS, SCOTT
STREET ADDRESS 3 RAVINIA DRIVE
CITY - ST - ZIP ATLANTA GA 30346

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VP ☐ DELETE
NAME RAU, CHARLES W
STREET ADDRESS 1133 19TH STREET N.W.
CITY - ST - ZIP WASHINGTON DC 20036

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE S ☐ DELETE
NAME SALSBU, MICHAEL
STREET ADDRESS 1801 PENNSYLVANIA AVENUE, NW
CITY - ST - ZIP WASHINGTON DC 20006

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE T ☐ DELETE
NAME ST. JOHN, JONELLE
STREET ADDRESS 1801 PENNSYLVANIA AVENUE, NW
CITY - ST - ZIP WASHINGTON DC 20006

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☒ DELETE
NAME SALSBU, MICHAEL
STREET ADDRESS 1801 PENNSYLVANIA AVENUE, NW
CITY - ST - ZIP WASHINGTON DC 20006

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME FREITAG, EDWARD G
5.3 STREET ADDRESS 1133 19TH ST.
5.4 CITY - ST - ZIP WASHINGTON, DC 20036

TITLE D ☐ DELETE
NAME TAYLOR, GERALD H
STREET ADDRESS 1801 PENNSYLVANIA AVENUE, NW
CITY - ST - ZIP WASHINGTON DC 20006

6.1 TITLE 70000219355
6.2 NAME -05/28/97--01077--043
6.3 STREET ADDRESS ***165.00
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 or changed, or on an attachment with an address

SIGNATURE:

SIGNATURE REQUIRED CHARLES W. RAU

4/28/97

202-736-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES

Date

Daytime Phone 0011847

CR2E034 (9/96)