

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **844823** (5)
1. Corporation Name
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
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1091238	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM 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

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	1.1 TITLE	PD
NAME	ROSS, SCOTT	1.2 NAME	
STREET ADDRESS	3 RAVINIA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	RAU, CHARLES W	2.2 NAME	
STREET ADDRESS	1133 19TH STREET N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	SALSURY, MICHAEL	3.2 NAME	
STREET ADDRESS	1801 PENNSYLVANIA AVENUE, NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ST. JOHN, JONELLE	4.2 NAME	
STREET ADDRESS	1801 PENNSYLVANIA AVENUE, NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	FREITAS, EDWARD G	5.2 NAME	DANIEL PERKA
STREET ADDRESS	1133 19TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	TAYLOR, GERALD H	6.2 NAME	TIMOTHY PRICE
STREET ADDRESS	1801 PENNSYLVANIA AVENUE, NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20006	6.4 CITY-ST-ZIP	

14. 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 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

CR2E034 (10/97)