


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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 032 ***150.00

0547640

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 857676

1. Corporation Name
IDB WORLDCOM SERVICES, INC.

Principal Place of Business
515 EAST AMITE STREET
JACKSON MS 39201-2702
US

Mailing Address
~~515 E AMITE ST~~
~~JACKSON MS 39201-2702~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1133 19th ST NW		09/09/1983	
22 Suite, Apt. #, etc.		27 1133 19th Street, N.W. Wash. D.C. 20036		4. FEI Number	
23 City & State		28 DEPT 8408		04-1913895	
24 Zip		29 DC 20036		5. Certificate of Status Desired	
25 Country		30 USA		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 EAST PARK AVENUE 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		(NOTE: Registered Agent signature required when reinstalling)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCED	1.1 TITLE		Change Addition	
NAME	EBBERS, BERNARD J.	1.2 NAME			
STREET ADDRESS	515 EAST AMITE STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP			
TITLE	STCF	2.1 TITLE		Change Addition	
NAME	SULLIVAN, SCOTT	2.2 NAME			
STREET ADDRESS	515 EAST AMITE STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP			
TITLE	VPC	3.1 TITLE		Change Addition	
NAME	MYERS, DAVID	3.2 NAME			
STREET ADDRESS	515 EAST AMITE STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP			
TITLE	ASD	4.1 TITLE		Change Addition	
NAME	CANNADA, CHARLES T.	4.2 NAME			
STREET ADDRESS	515 EAST AMITE STREET	4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP			
TITLE	AS	5.1 TITLE		Change Addition	
NAME	ANDERSON, WILLIAM E.	5.2 NAME			
STREET ADDRESS	515 EAST AMITE STREET	5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSON MS 39201	5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED: **Walter Nagel** 4/29/99 202-736-6000
Date Daytime Phone #

CR2E034 (11/98)