


**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90008 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000005308</b>			
1. Corporation Name <b>ALD COMMUNICATIONS, INC.</b>			
Principal Place of Business <b>1680 S. AMPHLETT BLVD. #390</b> <b>SAN MATEO CA 94402</b>		Mailing Address <b>425 C WOODS MILL RD</b> <b>SUITE 200</b> <b>TOWN &amp; COUNTRY MO 63017</b> <b>US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>515 E. Amite St.</b> <b>Jackson, MS 39201</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>1133 19th Street, N.W. Wash. D.C. 20036</b> <b>DEPT 8408</b>	
23 Zip Country <b>39201 MS</b>		28 Zip Country <b>20036 US</b>	
9. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.</b> <b>526 EAST PARK AVENUE</b> <b>TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>RD</b> NAME <b>YOUNG, DONALD C</b> STREET ADDRESS <b>7 WILLOWMERE DR</b> CITY-ST-ZIP <b>SOUTH BARRINGTON IL 60010</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED</b>
TITLE <b>CEOD</b> NAME <b>ALLEN, JAMES C</b> STREET ADDRESS <b>16836 CAULKS RIDGE</b> CITY-ST-ZIP <b>CHESTERFIELD MO 63005</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPD</b> NAME <b>SHAPLEIGH, JOHN C</b> STREET ADDRESS <b>440 S PRICE RD</b> CITY-ST-ZIP <b>ST LOUIS MO 63124</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPD</b> NAME <b>SOLOMON, DAVID</b> STREET ADDRESS <b>241 FOX CHAPEL LN</b> CITY-ST-ZIP <b>CHESTERFIELD MO 63005</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP C</b> NAME <b>PERKINS, DENNIS</b> STREET ADDRESS <b>1125 WOODCHASE LN</b> CITY-ST-ZIP <b>CHESTERFIELD MO 63017</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VPT</b> NAME <b>GIBSON, MICHAEL E</b> STREET ADDRESS <b>845 AMBERWOOD LN.</b> CITY-ST-ZIP <b>MANCHESTER MO 63021</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Walter Nagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**Walter Nagel**

4/29/99 242-736-6000

Date Daytime Phone #

VP GEN TAX COUNSEL

CR2E034 (11/98)

601270-90002-43  
F94000005308

**MCI WORLDCOM, INC.**

**OFFICERS**

**President & CEO**

Bernard J. Ebbers  
500 Clinton Center Drive  
Clinton, MS 39056

**Secretary, Treasurer & CFO**

Scott D. Sullivan  
500 Clinton Center Drive  
Clinton, MS 39056

**Assistant Secretary**

Charles T. Cannada  
500 Clinton Center Drive  
Clinton, MS 39056

**VP & Gen. Tax Counsel**

Walter Nagel  
1133 19<sup>th</sup> Street, NW  
Washington, D.C. 20036

**DIRECTORS**

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Clinton, MS 39056

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