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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9500001133 (6)

WORLDCOM TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 11806 MIRACLE HILLS DR 11808 MIRACLE HILLS DR 3555 FARNAM 3555 FARNAM OMAHA NE 68154 DO NOT WRITE IN THIS SPACE OMAHA NE 68154 LIS 3. Date Incorporated or Qualified 03/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 515 East Amite Street 515 East Amile Street 47-0751768 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing MS uachson Jackson Trust Fund Contribution Added to Fees 23 Country Country Zip This corporation owes or has paid the current year Intangible 702 25 US 29 39201-2707 9. Name and Address of Current Registered Agent Yes 24 39201-2702 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVE. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition D TITLE 1.1 TID F Procedent Bernard J. Elobers BEAUMONT, RONALD R 1.2 NAME 515 East Amite St. 11808 MIRACLE HILLS DR STREET ADDRESS 1.3 STREET ADDRESS OMAHA NE Jackson 43 39201-2702 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change D DELETE Addition TITLE 2.1 TITLE VP/Controller SIDGMORE, JOHN W David F. Myers 515 East Amita St. Jackson HS 39201-2702 NAME 2.2 NAME 11808 MIRACLE HILLS DR STREET ADDRESS 2.3 STREET ADDRESS OMAHA NE CITY-ST-ZIP 2.4 CITY-ST-ZIP Secretary Scot D. Sullivan 515 East Amite St. 515 East Amite St. Change CF0 X DELETE Addition 3.1 TITLE TITLE MCKNIGHT, PAUL W NAME 32 NAME 11808 MIRACLE HILLS DR 3.3 STREET ADDRESS STREET ADDRESS OMAHA NE 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 41 TITLE TITLE Treasurer Boott D. Sullivan 515 East Amite St. HANNA, RICHARD J NAME 4.2 NAME 11808 MIRACLE HILLS DR 4.3 STREET ADDRESS STREET ADDRESS OMAHA NE MS 39101-2702 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE Addition TITLE Director LUDVIK, ROBERT J 5.2 NAME NAME Bernurd J. Ebbers 515 East Amile St. Jackson NS 19701-2702 Director 11808 MIRACLE HILLS DR 5.3 STREET ADDRESS STREET ADDRESS OMAHA NE 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE **Change** Addition 6.1 TITLE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CICAIATI IDE.

NAME

STREET ADDRESS

CITY-ST-ZIP

KEITH, DEBRA L

OMAHA NE

11808 MIRACLE HILLS DR

de Carre

2118/98

39201-2702

Charles T. Cannada

515 East Amite St. Undison MG 3920

(601) 360-8600

FILED

Mar 24 1998 8:00am

Secretary of State