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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001133**

1. Corporation Name
WORLDCOM TECHNOLOGIES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/09/1995

4. FEI Number: 47-0751768 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 ~~1133 19th Street, N.W. Wash. D.C. 20036~~
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Dept 8408
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30 US

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EBBERS, BERNARD J.		1.2 NAME		
STREET ADDRESS	515 EAST AMITE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39201		1.4 CITY-ST-ZIP		
TITLE	VPC	☒ DELETE	2.1 TITLE	V.P. & Gen. Tax Counsel	☐ Change ☒ Addition
NAME	MYERS, DAVID F.		2.2 NAME	WALTER NAGEL	
STREET ADDRESS	515 EAST AMITE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39201		2.4 CITY-ST-ZIP	1133 19th Street, N.W. Wash. D.C. 20036	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, SCOTT D.		3.2 NAME		
STREET ADDRESS	515 EAST AMITE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39201		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~CANNADA, CHARLES T.~~		4.2 NAME	SCOTT SULLIVAN	
STREET ADDRESS	515 EAST AMITE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS 39201		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #