2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

KAN

FILED DOCUMENT # F9500001133 Apr 28, 2000 8:00 am Secretary of State MCI WORLDCOM COMMUNICATIONS, INC. 04-28-2000 90064 011 ***150.00 Principal Place of Business Mailing Address 515 EAST AMITE STREET 1133 19TH ST NW HACKSON HS 20201 1 **DEPT #8408** WASHINGTON DC 20036-3604 U3 3. Mailing Address 2. Principal Place of Business 500 Clinton Center Dr. Suite, Apt. Clinton, MS 39056 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 47-0751768 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. TALLAHASSEE FL 32301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ·11. Change ☐ Addition ☐ Defete TITLE TITLE EBBERS, BERNARD J. NAME NAME 500 Clinton Center Dr. STREET ADDRESS -515 EAST AMITE ST. STREET ADDRESS Clinton, MS 39056 CITY-ST-ZIP CITY-ST-ZIP dackson ms 39201 ☐ Addition NO LONGER DIR Change ☐ Delete TITL F SULLIVAN, SCOTT D. NAME NAME 500 Clinton Center Dr. STREET ADDRESS 515 EAST AMITE STREET STREET ADDRESS Clinton, MS 39056 CITY-ST-ZIP CITY-ST-7IF JACKSON MS 39201 ☐ Change Addition **VPGC** TITLE ☐ Delete TITLE NAME NAGEL, WALTER NAME STREET ADDRESS STREET ADDRESS 1133 19TH ST NW CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20036 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

202. 736-600D Daytime Phone #