

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

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(850)222-1092

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REGISTERED AGENT CHANGE

MCI COMMUNICATIONS SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of <u>Delawate</u> der to change its registered office or registered agent, or both, in the State of Florida. | |
|--|---|-----------------------------|
| 1. The name of | f the corporation: MCI Communications Services, Inc. | |
| 2. The principa | al office address; 22001 LOUDOUN CTY, PKWY, ASHBURN VA 20147 | |
| 3. The mailing | address (if different): | |
| 4. Date of inco | exponention/qualification: 03/09/1995 Document number: F95000001133 | |
| | nd street address of the current registered agent and registered office on file with the saturent of State: | 06 HAY |
| | CORPORATION SERVICE COMPANY | 玉 |
| | 1201 HAYS STREET, SUITE 103 | ્ર |
| | TALLAHASSEE FL 32301 | ī |
| 6. The name ar (if changed): | nd street address of the new registered agent (if changed) and /or registered office | • |
| | C T Corporation System | |
| | c/o C T Corporation System, 1200 South Pine Island Road | |
| | (P.O. Box NOT acceptable) | |
| | Plantation, Plorida 33324 | |
| The sweet add as changed wi | ress of its registered office and the street address of the business office of its registered ill be identical. | agent, |
| Such change vauthorized by | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | 4. |
| Kyry | Kyndra Wonell, Assistant Secretary (Printed of typed name and tide) | |
| I hereby accet I further agree of my duties, a document is be corporation he | of the appointment as registered agent and agree to act in this capacity, is to comply with the provisions of all statules relative to the proper and complete perfor and I am familiar with and accept the obligation of my position as registered agent. Or eing filed merely to reflect a change in the registered office addrass, I hereby confirm to as been notified in writing of this change. | mance if this rat the |
| By: Que | C T Corporation System 5 /20/06 Signature of Registered Agent) (Date) | |
| If signing on b | pehalf of an entity: JAMES M. NEWSOME | |
| | Special Assistant Secretary (Tyles of Frince Name) | |
| | * * * FILING FEE: \$35.00 * * * | |
| N CR2E045 (8/05) | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, FL 32314 | |

स्त्र,(मेर्स = RO/) 4/2006 € में ईप्रसंद्या Online