PROFIT
CORPORATION
ANNUAL REPORT
1999
OCUMENT # F



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

BITTEL TELECOMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address				
- SALIFORNIA STREET, STE-2550	-425 & WOODS MILL RD -9UFE 350- TOWNS COUNTRY MO \$2017				
2. Principal Place of Business	2a. Mailing Address 26 1133 19th Street, N.W. Wash. D.C. 20				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

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

05-24-1999 90008 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				{	05/04/199	5				
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number			App	plied For	
21		26 1133 19th Street, N.V	W. Wash. D.	.C. 2003	6 94-305799	32			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		5. Certifcate of	Status Desired		\$8.75 A		
22		27 DEPT 8408					- -	Fee Re	quired	
City & State 515. E. Amine StCity & State							\$5.00			
23 J	ackson, MS 39201	28			Trust Fund C	ontribution		Added to	o Fees	
Zip	Country	Zip	Country		•	tion owes the current				
24	25	29 30	US		Personal Pro	<u> </u>			□No □	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
81 Name										
NRAI SERVICES, INC.				et Addres	s (P.O. Box Num	per is Not Acceptable	e)			
	EAST PARK AVENUE									
TALL	AHASSEE FL 32301		83						ţ	
			84 Cin	,				85 Zip C	code	
ĺ							_ FL_			
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 a	nd title if applicable (NOTE: Regi	Istered Agent signal	rie tedrated w	hen rewatating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/C	HANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
MILE	PD	DELETE	1.1 TITLE					Change	R\$ IN 12	
NAME	YOUNG, DONALD C	/ -	1.2 NAME	l	100	ATTACI	haad			
STREET ADDRESS	7 WILLOWMERE DR	/	1.3 STREET ADORE	ESS	SEE	MITAL	reci			
	SOUTH BARRINGTON IL	· / · · · · · · · · · · · · · · · · · ·	14 CITY-ST-ZIP						_} :	
CITY-ST-ZIP	CEOD \	DELETE	2.1 TITLE					Change	Addition	
NAME	ALLEN, JAMES C	/	22 NAME							
	16836 CAUNKS RIDGE	/	2.3 STREET ADDRESS						1	
STREET ADDRESS			2.4 CHY-ST-ZIP							
CITY-ST-ZIP	CHESTERFIEDO MO		31T//LE	- 				Change	Addition	
TITLE	VPD		3.2 NAME		•				1	
NAME	SHAPLEIGH, JOHN C							_	-	
STREET ADDRESS	440 S PRICE RD		3.3 STREET ADORS	:55)					ì	
CITY-ST-ZIP	ST LOUIS MO X		3.4. CITY-ST-ZIP	 -				Change	Addition	
TITLE .	VPD	_	41 TITLE	1						
NAME	SOLOMN, DAVID		4. 2 NAME						ĺ	
STREET ADDRESS	241 FOX CHAPEX LN		4.3 STREET ADORE	ESS					ļ	
CITY-ST-ZIP	CHESTERFIELD MO		4.4 CITY-ST-ZIP	_+				Change	Addition	
TITLE	VP /	77	5.1 TITLE	- [Change	المستعدد ا	
NAME	Perkins, Dénnis	\	5.2 NAME						}	
STREET ADDRESS	1125 WOODCHASE LN	\	5.3 STREET ADDRE	ESS					1	
CITY-ST-ZIP	CHESTERFIELD MO		5.4 CITY-ST-ZIP							
TITLE	VPT /	DELETE	6.1 TITLE					Change	Addition	
NAME	GIBSON, MICHAEL E	\ '	62 NAME	ļ					}	
STREET ADDRESS	645 AMBERWOOD LN	\	6.3 STREET ADDRE	5 9					l	
COVER TO	MANCHESTER MO		6.4 City-ST-ZIP	ţ						
14. I hereby	certify that the information supplied with	this filing does not qualify for the	exemption sta	ated in Sec	ction 119.07(3)(i),	Florida Statutes. I fu	inther certif	y that the ir	nformation	

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 AND TYPED ON PRINTED HAVE DE

Walter Nagel

4/29/59

202-736-6000

Daytime Phone

VP 'S GEN THE COUNSEL

MCI WORLDCOM, INC.

OFFICERS

President & CEO
Bernard J. Ebbers
500 Clinton Center Drive
Clinton, MS 39056

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

Secretary, Treasurer & CFO Scott D. Sullivan 500 Clinton Center Drive Clinton, MS 39056

VP & Gen. Tax Counsel Walter Nagel 1133 19th Street, NW Washington,D.C. 20036

DIRECTORS

Bernard J. Ebbers 500 Clinton Center Drive Clinton, MS 39056 Scott D. Sullivan 500 Clinton Center Drive Clinton, MS 39056