

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-24-1999 90008 015 ***150.00

DOCUMENT # F95000005475

1. Corporation Name

MFS GLOBAL NETWORK SERVICES, INC.



Principal Place of Business

**515 EAST AMITE STREET
JACKSON MS 39201-2702
US**

Mailing Address

~~515 EAST AMITE STREET~~
~~JACKSON MS 39201-2702~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1995

4. FEI Number

47-0793261

Applied For
Not Applicable

5. Certificate 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 Suite, Apt. #, etc.

26 **1133 19th Street, N.W. Wash. D.C. 20036**

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

US

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EBBERS, BERNARD J.	
STREET ADDRESS	515 EAST AMITE STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, DAVID F.	
STREET ADDRESS	515 EAST AMITE STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SULLIVAN, SCOTT D.	
STREET ADDRESS	515 EAST AMITE STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANNOLA, CHARLES T.	
STREET ADDRESS	515 EAST AMITE STREET	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P. & Gen. Tax Counsel
2.3 STREET ADDRESS	WALTER NAGEL
2.4 CITY-ST-ZIP	1133 19th Street, N.W. Wash. D.C. 20036
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	SCOTT SULLIVAN
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Walter Nagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Walter Nagel

4/29/99

Date

202-736-6000

Daytime Phone #

CR2E034 (1/98)