

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

DOCUMENT # F97000003567

1. Corporation Name

ACSI LOCAL SWITCHED SERVICES, INC.

Principal Place of Business

131 NATIONAL BUSINESS PARKWAY #100
ANNAPOLIS JUNCTION MD 20701

Mailing Address

131 NATIONAL BUSINESS PARKWAY #100
ANNAPOLIS JUNCTION MD 20701

APPROVED
AND
FILED
99 JUL -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 33 National Business Pkwy.		24 33 National Business Pkwy.		07/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 200		27 200		52-2024266	
City & State		City & State		Applied For	
23 Annapolis Junction, MD		28 Annapolis Junction, MD		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 20701 25		29 20701 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HORTON, NORMAN H JR, ESQ MESSER, CAPARELLO & SELF, PA 215 S. MONROE ST., #701 TALLAHASSEE FL 32302-1876				81 Name	
				82 Street Address (P.O. Box Number)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	CEO
NAME	POMPLIANO, ANTHONY J	1.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PARKWAY #100	1.3 STREET ADDRESS	133 National Business Parkway, Ste 200
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	MURPHY, RILEY M	2.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PARKWAY #100	2.3 STREET ADDRESS	133 National Business Parkway, Ste 200
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	PIAZZA, DAVID L	3.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PARKWAY #100	3.3 STREET ADDRESS	133 National Business Parkway, Ste 200
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	3.4 CITY-ST-ZIP	
TITLE	CEOP	4.1 TITLE	P
NAME	REICH, JACK E	4.2 NAME	Dennis J. Kern
STREET ADDRESS	131 NATIONAL BUSINESS PARKWAY #100	4.3 STREET ADDRESS	133 National Business Parkway, Ste 200
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	4.4 CITY-ST-ZIP	Annapolis Junction, MD 20701
TITLE	D	5.1 TITLE	
NAME	TROUVEROY, OLIVER L	5.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PARKWAY #100	5.3 STREET ADDRESS	133 National Business Parkway, Ste 200
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	C
NAME		6.2 NAME	Christopher L. Rafferty
STREET ADDRESS		6.3 STREET ADDRESS	133 National Business Parkway, Ste 200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Annapolis Junction, MD 20701

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:

Riley M. Murphy, Secretary

7/1/99

(301) 361-4200

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Daytime Phone #

0547303

CR2E034 (11/98)