

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005891

1. Entity Name

MCI WORLDCOM MANAGEMENT COMPANY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90064 046 ***150.00

Principal Place of Business

Mailing Address

~~515 EAST AMITE STREET~~
~~P.O. BOX 23397~~
~~JACKSON MS 39201-2702~~
US

1133 19TH ST NW
DEPT E#8408
WASHINGTON DC 20036-3604
US

2. Principal Place of Business

500 Clinton Center Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0887473

Applied For

Not Applicable

Zip

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD
NAME EBBERS, BERNARD J
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397 ☐ Delete

TITLE
NAME 500 Clinton Center Dr.
STREET ADDRESS Clinton, MS 39056 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE CSTA
NAME SULLIVAN, SCOTT D
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397 ☐ Delete

TITLE NO LONGER DIR
NAME 500 Clinton Center Dr.
STREET ADDRESS Clinton, MS 39056 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE AS
NAME ANDERSON, WILLIAM E
STREET ADDRESS 515 E. AMITE ST.
CITY-ST-ZIP JACKSON MS 39225-3397 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPC
NAME MYERS, DAVID F.
STREET ADDRESS 515 EAST AMITE STREET
CITY-ST-ZIP JACKSON MS 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPGC
NAME NAGEL, WALTER
STREET ADDRESS 1133 19TH ST NW
CITY-ST-ZIP WASHINGTON DC 20036 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. & Gen. Tax Counsel

Walter Nagel

Date

4/24/00

Daytime Phone #

202-736-6000

CR2E034 (9/99)