File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE

FILED 98 MAY -4 PM 4: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA

 Name and Mailing Address of Limited Liability Company **DOCUMENT** # M9400000164 SWITCHED SERVICES COMMUNICATIONS, L.L.C., 1a. Principal Place of Business Address LIMITED COMPANY 2a. Mailing Address 1122 Capital of Texas Hwy. So. 3. Date Organized or Qualified 2. Principal Place of Business 1122 Capital of Texas Hwy. So. 3a. State of Formation 12/15/1994 ТX Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State Austin, TX 78746-6426 City & State 74-2725492 Not Applicable Austin, TX 78746-6426 5. Date of Last Report Country U.S. 8. Certificate of Status Desired Country Z_{ір} 78746–6426 78746-6426 U.S. \$8.75 Additional Fee Required 05/07/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 500002514425--9 -05/06/98--01139--014 Suite, Apt. #, etc. ****188.75 ****188.75 City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ DATE (Registured Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code INCOME OF STREET Methodolegital Management of the Control of Pleage see list attached

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SWITCHED SERVICES COMMUNICATIONS L.L.C.

MANAGERS

James F. Guthrie Jeffrey C. Smith Stuart K. Coppens

OFFICERS

Benjamin L. Scott President and Chief Executive Officer

James F. Guthrie Executive Vice President and Chief Financial Officer

John R. Fleming President of Emerging Markets

Michael W. Vent Executive Vice President, Network Engineering & Operations

David J. Thomas President, Retail Business Division

Leo V. Welsh, Jr. President, Wholesale

Meri B. Braziel Senior Vice President, European Operations

Jeffrey C. Smith Senior Vice President, General Counsel and Secretary

Valerie G. Walden Senior Vice President, Switched & Private Line

Bob Dawson Vice President, Financial Analysis

Stuart K. Coppens Vice President of Finance and Chief Accounting Officer

Denise Suniga Vice President and Controller

Douglas R. Williams Vice President, Human Resources

Maxine Moreau Vice President, Customer Care

Daniel B. Merritt Vice President, Management Information Systems

Kimberly McDonald Vice President of Business Operations and Customer Management

Linda Nelson Vice President, Sales

Kihm Schroeder Vice President, Network Planning & Implementation

Michael G. Edwards Director, MIS Network Services

Gregory A. Tolander Chief Information Officer

Angela L. Jones Assistant Secretary