

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

4/23/29

DOCUMENT #198000000720

1. Entity Name

MCIMETRO ACCESS TRANSMISSION SERVICES LLC

01 MAR 26 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

500 CLINTON CENTER DRIVE

3. Mailing Address

1133 19TH STREET, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLINTON, MS

City & State

WASHINGTON, DC

4. FEI Number

52-2102063

Applied For

Not Applicable

Zip

39056

Country

Zip

20036

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Ave.

City

Tallahassee

FL

Zip Code

32301

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.

NRAI Services, Inc.

SIGNATURE

*Charles A. Coyle*

3-21-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Charles A. Coyle - Asst. Secy

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WALTER NAGEL, MGRM

1133 19TH STREET, NW

WASHINGTON, DC 20036

☐ Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 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.

SIGNATURE:

*Walter Nagel*

WALTER NAGEL MGRM

3/8/01

202 636-6272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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-03/30/01--01095--035  
\*\*\*\*\*50.00 \*\*\*\*\*50.00