2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Marcus Veatel Marcus Vectoh, VPOF MGRM.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # M9800000720 1. Entity Name MCIMETRO ACCESS TRANSMISSION SERVICES LLC						04-30-2007	90071 021 *	***50	1.00
Principal Place of Business -22001 LOUDOUN COUNTY PKWY, C2-3-512 -ASHBURN, VA. 20147		Mailing Address 22001 LOUDOUN COUNTY PKWY, C2-3 512 ASHBURN, VA-20147							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address One Verizon Way							
Suite, Apt. #, etc. VC 31 E 233		Suite, Apt. #, etc. VC 31 E 2 3 3		1	04182007	Chg-LLC	CR2E083 (1	2/06)	
City & Stat	e 2 ,	City & State Baskina t	Richae	CU,	4. FEI Numb				plied For t Applicable
Zip O79	Country	Zip 07920	Country)sA	5. Certificate	of Status Desired		00 Addi Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTAT									
			0	City			FL Z	ip Code	,
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered o	office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am familia	ar with, a	and accept
SIGNATURE		100	0 :				DATE		
	Signature, typed or printed name of registered agent a	nd little if applicable. (NO18:	Hagistared Ag	ent signature require	d when reinstating)		UAIE		
Filing Fee is \$50.00 Due by May 1, 2007							e check payab a Department o		; ;
9.	MANAGING MEMBER		10.	1000	2.40	ADDITIONS			
NAME	MGRM MCI NETWORK SERVICES, INC.	☐ Delete	TITLE NAME	MG: Ver	izon Bos	iness Network S	ork Service	Change さら _ら エv	☐ Addition
STREET ADDRESS CITY-ST-ZIP	22001 LOUDOUN COUNTY PARI ASHBURN, VA 20147	KWAY	STREET A	DORESS (F-16 ZIP O/L	KA MCI 1 L Verizon	Network S Way, Bask	ervicos, I King Ridge	ne) -,NS	07920
TITLE		☐ Delete	TITLE NAME				.,	Change	Addition
STREET ADDRESS			STREET A	1					
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NAME STREET ADDRESS			NAME Street a	DDRESS					
CITY-ST-ZIP			CITY-ST-						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET A	1					
TITLE			TITLE	 				Change :	Addition
1		Delete	MASS	}					,
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NAME				l l				Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE			STREET AN CITY-ST- TITLE	DORESS				Change	Addition

4/23/07 Date

<u>(908)559-3095</u>