

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90094 033 \*\*\*150.00

0545548

DOCUMENT # P06762

1. Corporation Name

MCI EQUIPMENT ACQUISITION CORPORATION

Principal Place of Business

1801 PA AVE., NW  
ATTN: INCOME TAX DEPT  
WASHINGTON D. 20006  
US

Mailing Address

1133 19TH ST NW  
ATTN: INCOME TAX DEPT 8408  
WASHINGTON DC 20036

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

US

3. Date Incorporated or Qualified

07/17/1985

4. FEI Number

52-1372504

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROBERTS, BERT C. JR.	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	<del>VP</del>	<input type="checkbox"/> DELETE
NAME	<del>RAU, CHARLES W.</del>	
STREET ADDRESS	1133 19TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DAVIS, N	
STREET ADDRESS	1801 PA AVENUE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	SALSBURY, MICHAEL	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ST. JOHN, JONELLE	
STREET ADDRESS	1801 PA AVE, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRICE, T	
STREET ADDRESS	1801 PA AVE, N W	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. & Gen. Tax Counsel
2.3 STREET ADDRESS	WALTER NAGEL
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Walter Nagel 4/29/99 202-736-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)