

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06762

1. Entity Name

MCI EQUIPMENT ACQUISITION CORPORATION

FILED

00 APR 27 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1801 PA AVE NW~~
~~ATTN: INCOME TAX DEPT~~
~~WASHINGTON D.C. 20006~~
~~DC~~

1133 19TH ST NW
ATTN: INCOME TAX DEPT
WASHINGTON DC 20036-3604

2. Principal Place of Business

500 Clinton Center Dr.

3. Mailing Address

Suite, A Clinton, MS 39056

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1372504

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 C
NAME ROBERTS, BERT C. JR. ☒ Delete
STREET ADDRESS 1801 PA AVE NW
CITY-ST-ZIP WASHINGTON DC

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

TITLE VGTC
NAME NAGEL, WALTER ☐ Delete
STREET ADDRESS 1133 19TH STREET, N.W.
CITY-ST-ZIP WASHINGTON DC

TITLE
NAME
STREET ADDRESS 400003245054--2
CITY-ST-ZIP -05/09/00--01105--002
****150.00 ****150.00

TITLE VPD
NAME DAVIS, N ☒ Delete
STREET ADDRESS 1801 PA AVENUE NW
CITY-ST-ZIP WASHINGTON DC

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

TITLE VPSD
NAME SALSBURY, MICHAEL ☐ Delete
STREET ADDRESS 1801 PA AVE NW
CITY-ST-ZIP WASHINGTON DC

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

TITLE T
NAME ST. JOHN, JONELLE ☒ Delete
STREET ADDRESS 1801 PA AVE, NW
CITY-ST-ZIP WASHINGTON DC

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

TITLE P
NAME PRICE, T ☒ Delete
STREET ADDRESS 1801 PA AVE, N W
CITY-ST-ZIP WASHINGTON DC

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: *Walter Nagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

Date

Daytime Phone #

V.P. & Gen. Tax Counsel

CR2E034 (9/99)