FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13944** **(4)**

1. Corporation Name
WORLDCOM NETWORK SERVICES, INC.

Principal Place of Business
ONE WILLIAMS CENTER
MAIL DROP F-9
TULSA OK 74121
US

Mailing Address
ONE WILLIAMS CENTER
MAIL DROP F-9
TULSA OK 74121
US

3. Date Incorporated or Qualified: 04/07/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 515 East Amite Street
Suite, Apt. #, etc.
22
City & State
23 Jackson, MS
Zip 24 39201
Country 25 Hinds

2a. Mailing Address
26 515 East Amite Street
Suite, Apt. #, etc.
27
City & State
28 Jackson, MS
Zip 29 39201
Country 30 Hinds

4. FEI Number: 36-3305625 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ 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: NRAI Services, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Charles A. Coyle — Charles A. Coyle - Asst. Secy. — 5-28-96
Signature of Registered Agent — Title, President or Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	☐ DELETE
NAME	EBBERS, BERNARD J	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	STCF	☐ DELETE
NAME	SULLIVAN, SCOTT D	
STREET ADDRESS	515 E AMIT ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☐ DELETE
NAME	CANNADA, CHARLES T	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☐ DELETE
NAME	EBBERS, BERNARD J	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	Treasurer	☐ DELETE
NAME	David Myers	
STREET ADDRESS	515 East Amite Street	
CITY-ST-ZIP	Jackson, MS 39201	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001868648	☐ Change ☐ Addition
6.2 NAME	-06/20/96--01017--033	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David Myers — 1/25/96 — (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)