

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

05-01-1999 90095 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13944
 1. Corporation Name
WORLDCOM NETWORK SERVICES, INC.

Principal Place of Business 515 EAST AMITE STREET JACKSON MS 39201 US	Mailing Address 515 EAST AMITE STREET JACKSON MS 39201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	1133 19th Street, N.W. Wash. D.C. 20036	04/07/1987	
22	City & State	27	DEPT 8408	4. FEI Number	
23	Zip	28	Country	36-3305625	
24	Country	29	US	5. Certificate of Status Desired <input type="checkbox"/> Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVE.
 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
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBERS, BERNARD J	1.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	STCF	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SCOTT D	2.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADA, CHARLES T	3.2 NAME	D SCOTT SULLIVAN
STREET ADDRESS	515 EAST AMITE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	
TITLE	VPC	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, DAVID	4.2 NAME	V.P. & Gen. Tax Counsel
STREET ADDRESS	515 EAST AMITE STREET	4.3 STREET ADDRESS	WALTER NAGEL
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	1133 19th Street, N.W. Wash. D.C. 20036
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM E.	5.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* DATE: 4/29/99 DAYTIME PHONE: 202-736-6000

CR2E034 (11/98)