

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23885** (7)
1. Corporation Name
TOUCH 1 LONG DISTANCE, INC.



Principal Place of Business 515 EAST AMITE STREET JACKSON MS 39201-2702 US	Mailing Address P.O. BOX 23397 JACKSON MS 39206-3397 US	515 E. Amite St. Jackson MS 39201-2702
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1989	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0998271		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBBERS, BERNARD	1.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201-2702	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DAVID	2.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201-2702	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM B	3.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201-2702	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNADA, CHARLES T	4.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201-2702	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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.

SIGNATURE:  **David F. Myers** 4/17/97 (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

WorldCom, Inc.
All Wholly-Owned Domestic Subsidiaries

Officers

President & CEO
Bernard J. Ebbers, SS# 525-88-8835
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Secretary, Treasurer & CFO
Scott D. Sullivan, SS# 078-56-5798
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Assistant Secretary
Charles T. Cannada, SS#587-58-3197
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Assistant Secretary
William E. Anderson, SS#261-80-6057
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

VP/Controller
David F. Myers, SS#427-94-9919
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Directors

Bernard Ebbers, SS#525-88-8835, 8/27/41
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600

Charles Cannada, SS#587-58-3197, 10/31/58
515 East Amite St, Jackson MS 39201
PH # (601) 360-8600