

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90213 029 \*\*\*150.00

**DOCUMENT # P28240**

1. Entity Name  
**MCI INTERNATIONAL, INC.**



Principal Place of Business  
~~2 INTERNATIONAL DR~~  
~~RYE BROOK NY 10573~~  
~~US~~

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

11034071



2. Principal Place of Business  
**22001 Loudoun County Parkway**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**ASHBURN VA**

City & State

4. FEI Number **52-1105266**

Applied For  
Not Applicable

Zip **20147** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLUMENFELD, SETH</b> <b>2 INTERNATIONAL DR</b> <b>RYE BROOK NY 10573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VGTC</b> <b>NAGEL, WALTER</b> <b>1133 19TH ST</b> <b>NW WASHINGTON DC 20036</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SALSBURY, MICHAEL</b> <b>1133 19TH STREET NW</b> <b>WASHINGTON DC 20036</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EBBERS, BERNARD</b> <b>500 CLINTON CENTER DR.</b> <b>CLINTON MS 39056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SULLIVAN, SCOTT</b> <b>500 CLINTON CENTER DR</b> <b>CLINTON MS 39056</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

*Michael Salsbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL SALSBURY**

**4/30/03 (202) 736-6362**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment P28840  
11034071

**OFFICERS LIST**

**MCI INTERNATIONAL, INC.**

**President & CEO**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Vice President & Treasurer**

Susan Mayer  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**Secretary**

Michael Salsbury  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147

**DIRECTOR**

Michael Capellas  
22001 Loudoun County Pkwy.  
Ashburn, VA 20147