

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P29459** (5)

1. Corporation Name:  
**MCI METRO ACCESS TRANSMISSION SERVICES, INC.**

95 MAY -1 AM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2400 N. GLENVILLE DR RICHARDSON TX 75082 US**  
Mailing Address: **1133 19TH ST NW ATTN: INCOME TAX DEPT. WASHINGTON DC 20036**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **05/21/1990** 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>52-1669935</b>	Not Applicable
State Apt # etc.	State Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 190(1)(2), Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28	24	25
Country	29	30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.06 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.06 and 607.1508, Florida Statutes.

SIGNATURE

Name of Registered Agent as of 4/25/95

Name of New Registered Agent as of 4/25/95

Date

12. OFFICERS, AND DIRECTORS		13. APPOINTED CHANGE TO REGISTERED AGENTS	
OFFICE	PD	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, H.P.	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2400 N GLENVILLE DR	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	RICHARDSON TX	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	V	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, JOHN	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2400 N GLENVILLE DR	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	RICHARDSON TX	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	AS	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES W. RAU	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1133 19TH STREET, N.W.	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	WASHINGTON DC	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	S	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, JOHN R.	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 PA AVE NW	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	WASHINGTON DC	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	D	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBHABER, RICHARD T.	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 PA AVE NW	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	WASHINGTON DC	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	D	OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDENBERG, EUGENE	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1801 PA AVE NW	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	WASHINGTON DC	OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

VP + TREAS  
SAME  
VP  
SAME

D  
NATE DAULS  
1650 TYSONS BLVD  
MCLEAN, VA 22102  
D  
GARY PARSONS  
1650 TYSONS BLVD  
MCLEAN, VA 22102

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. RAU  
VICE PRES.

4/25/95

202-736-6000