

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29459 (5)**

1. Corporation Name
MCIMETRO ACCESS TRANSMISSION SERVICES, INC.



Principal Place of Business: **2400 N. GLENVILLE DR RICHARDSON TX 75062 US**
Mailing Address: **1133 19TH ST NW ATTN: INCOME TAX DEPT. WASHINGTON DC 20036**

3. Date Incorporated or Qualified: **05/21/1990** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **52-1669935** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: _____
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 607.1502, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, H.P.	
STREET ADDRESS	2400 N GLENVILLE DR	
CITY - ST - ZIP	RICHARDSON TX	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	QUINN, JOHN	
STREET ADDRESS	2400 N GLENVILLE DR	
CITY - ST - ZIP	RICHARDSON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHARLES W. RAU	
STREET ADDRESS	1133 19TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WORTHINGTON, JOHN R.	
STREET ADDRESS	1801 PA AVE NW	
CITY - ST - ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, NATE	
STREET ADDRESS	1650 TYSONS BLVD	
CITY - ST - ZIP	MCLEAN VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARSONS, GARY	
STREET ADDRESS	1650 TYSONS BLVD	
CITY - ST - ZIP	MCLEAN VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN BERDELMAN	
1.3 STREET ADDRESS	1801 PA AVE, NW	
1.4 CITY - ST - ZIP	WASHINGTON DC 20006	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD FREITAG	
4.3 STREET ADDRESS	1133 PA AVE ST, NW	
4.4 CITY - ST - ZIP	WASHINGTON DC 20036	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MICHAEL ROWNY	
6.3 STREET ADDRESS	1801 PA AVE, NW	
6.4 CITY - ST - ZIP	WASHINGTON DC 20006	

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: **CHARLES W. RAU** 4/29/96 202-736-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRES. Date Daytime Phone #

CR2E034 (12/95)