


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 75082 US	Mailing Address 1133 19TH ST NW ATTN: INCOME TAX DEPT. WASHINGTON DC 20036
---	--



DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 05/21/1990	
4. FEI Number 52-1669935	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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

TITLE CD	<input type="checkbox"/> DELETE
NAME GERDELMAN, JOHN	
STREET ADDRESS 1801 PA AVENUE NW	
CITY-ST-ZIP WASHINGTON DC	
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 AS	<input type="checkbox"/> DELETE
NAME FREITAG, EDWARD	
STREET ADDRESS 1133 19TH STREET N	
CITY-ST-ZIP WASHINGTON DC	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DAVIS, NATE	
STREET ADDRESS 1650 TYSONS BLVD	
CITY-ST-ZIP MCLEAN VA	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ROWNY, MICHAEL	
STREET ADDRESS 1801 PA AVENUE NW	
CITY-ST-ZIP WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CDP
1.3 STREET ADDRESS	NATE DAVIS
1.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANIEL PERKA
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	MICHAEL SALSURY
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 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.

CR2E034 (10/97)