

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country		3. Date Incorporated or Qualified 05/21/1990	4. FEI Number 52-1669935 Applied For 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 FL 85 Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERDELMAN, JOHN		1.2 NAME NATE DAVIS	
STREET ADDRESS 1801 PA AVENUE NW		1.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC		1.4 CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUINN, JOHN		2.2 NAME	
STREET ADDRESS 2400 N GLENVILLE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP RICHARDSON TX		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHARLES W. RAU		3.2 NAME	
STREET ADDRESS 1133 19TH STREET, N.W.		3.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC		3.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREITAS, EDWARD		4.2 NAME DANIEL PERKA	
STREET ADDRESS 1133 19TH STREET N		4.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC		4.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, NATE		5.2 NAME	
STREET ADDRESS 1650 TYSONS BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP MCLEAN VA		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROWNY, MICHAEL		6.2 NAME MICHAEL SALSURY	
STREET ADDRESS 1801 PA AVENUE NW		6.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC		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 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.

CR2E034 (10/97)