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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 039 ***150.00

DOCUMENT # **P30728**

1. Corporation Name

MCI GLOBAL ACCESS CORPORATION

Principal Place of Business

**2 INTERNATIONAL DR.
RYE BROOK NY 10573**

Mailing Address

**1133 19TH ST. NW
WASHINGTON DC 20036
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1990

4. FEI Number

13-2565878

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

US

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

DEPT 8408

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 607.1508, 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

TITLE **PD** ☐ DELETE

NAME **BLUMENFELD, SETH D.**

STREET ADDRESS **2 INTERNATIONAL DR.**

CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE **VPD** ☒ DELETE

NAME **CODACOV, LAWRENCE M.**

STREET ADDRESS **2 INTERNATIONAL DR.**

CITY-ST-ZIP **RYE BROOK NY 10573**

TITLE **S** ☐ DELETE

NAME **SALSBURY, MICHAEL**

STREET ADDRESS **1801 PA AVE NW**

CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **AS** ☒ DELETE

NAME **RAU**

STREET ADDRESS **1133 19TH ST NW**

CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE **AS** ☒ DELETE

NAME **PERKA, D-**

STREET ADDRESS **1133 19TH ST. NW**

CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V.P. & Gen. Tax Counsel
WALTER NAGEL

1133 19th Street, N.W. Wash. D.C. 20036

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, with all other like empowered.

SIGNATURE

Walter Nagel

4/29/99

202-736-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

Daytime Phone #

CR2E034 (11/98)