## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 10, 2002 8:00 am Secretary of State

DOCUMENT # P30728  1. Entity Name  MCI GLOBAL ACCESS CORPORATION, INC.					05-10-2002 90	0015 038 ***150.00
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. INTERNATIONAL DR 3. Mailing Address 1133 19TH STREET NW					B0093662	
		1133 19TH STREET NW				
		Suite, Apt. #, etc. DEPT 8408			DO NOT WRITE IN THIS SPACE	
City & State RYW BROOK NY		City & State WASHINGTON DC			4. FEI Number 13-2565878	Applied For Not Applicable
10573	US Country	20036 .	Country US		5. Certificate of Status Desired	\$8.75 Additional Fee Required
					. Name and Address of Current Regist	
DO NO CYRLIE				PRENTICE-HALL CORPORATION SYSTEM, INC		
					Address (P.O. Box Number is Not Ana ptable)	
	IN THIS SP	ACE				·
			-City-			- Zip Code
8 The above	named entity submits this statemen	• for the average of the	TAI	LAHA	SSEE Factorial Feature Figure Factor Figure 6 Figure 6 Figure 6 Figure 7 Fi	
Tax filing i	Signature, typed or printed name of regist oration is eligible to satisfy its Intangil requirement and elects to do so. It is on back)	ole January 1	- May 1 Fee is \$ by 1, Fee is \$550 led UBR is \$61.2	150.00 .00	pent signature required when reinstating)  10. Election Campaign Financing Trust Fund Contribution.	DATE g \$5.00 May Be Added to Fees
11.	OFFICERS AND D					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SETH BLUMENFELD 2 INTERNATIONAL RYE BROOK NY 1		TITLE NAME STREET ADDRE CITY - ST - ZIP	ss		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VGTC WALTER NAGEL 1133 19TH STREE' WASHINGTON DC 20	TITLE NAME STREET ADDRE CITY - ST - ZIP	SS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICHAEL SALSBUR' 1133 19TH STREE' WASHINGTON DC 20	TITLE  NAME  STREET ADDRES  CITY - ST - ZIP	SS	DO NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY • ST - ZIP	SCOTT SULLIVAN 500 CLINTON CENT CLINTON MS 39056	TITLE NAME STREET ADDRES CITY - ST - ZIP	ss	IN THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNARD EBBERS 500 CLINTON CENT CLINTON MS 39056	TITLE NAME STREET ADDRES CITY - ST - ZIP	s			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRES CITY ST - ZIP			
<ol><li>i hereby ce</li></ol>	rtify that the information supplied with	this filing does not qualify	for the exemptic	n stated in	Section 119 07(3\(i) Florida Statutes, Lt	

information indicated on this report or supplemental report is true and account the true and account 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER NAGEL -VPGTC 04/30/02 202-736-6362 Date

STF FL32381F.1

Daytime Phone #