

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P29459** (5)
1. Corporation Name:
MCI METRO ACCESS TRANSMISSION SERVICES, INC.

95 MAY -1 AM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

3. Date incorporated or Qualified: **05/21/1990** 3a. Date of Last Report: **05/01/1994**
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. 190(1)(2), Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24, 25, 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: B1 Name, B2 Street Address, B3, B4 City, B5 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.06(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS, AND DIRECTORS		13. APPOINTED CHANGES TO OFFICERS AND DIRECTORS (If Any)	
OFFICE: PD	NAME: SCOTT, H.P. STREET ADDRESS: 2400 N GLENVILLE DR CITY, ST, ZIP: RICHARDSON TX	OFFICE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE: V	NAME: QUINN, JOHN STREET ADDRESS: 2400 N GLENVILLE DR CITY, ST, ZIP: RICHARDSON TX	OFFICE: VP + TREAS	NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: SAME CITY, ST, ZIP: SAME
OFFICE: AS	NAME: CHARLES W. RAU STREET ADDRESS: 1133 19TH STREET, N.W. CITY, ST, ZIP: WASHINGTON DC	OFFICE: VP	NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: SAME CITY, ST, ZIP: SAME
OFFICE: S	NAME: WORTHINGTON, JOHN R. STREET ADDRESS: 1801 PA AVE NW CITY, ST, ZIP: WASHINGTON DC	OFFICE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE: D	NAME: LIEBHABER, RICHARD T. STREET ADDRESS: 1801 PA AVE NW CITY, ST, ZIP: WASHINGTON DC	OFFICE: D	NAME: NATE DAULS STREET ADDRESS: 1650 TYSONS BLVD CITY, ST, ZIP: McLEAN, VA 22102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE: D	NAME: EIDENBERG, EUGENE STREET ADDRESS: 1801 PA AVE NW CITY, ST, ZIP: WASHINGTON DC	OFFICE: D	NAME: GARY PARSONS STREET ADDRESS: 1650 TYSONS BLVD CITY, ST, ZIP: McLEAN, VA 22102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is substantially furnished and correct and equally for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or last reported 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 3, of this report, or on an attachment with an address.

SIGNATURE: **CHARLES W. RAU** 4/25/95 202-736-6000
VICE PRES.