


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

0549557

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

05-01-1999 90094 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29459**  
 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. 8408 WASHINGTON DC 20036
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified <b>05/21/1990</b>	Applied For Not Applicable
4. FEI Number <b>52-1669935</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	DAVIS, N	
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	<del>VP</del>	<input type="checkbox"/> DELETE
NAME	<del>CHARLES W. RAU</del>	
STREET ADDRESS	1133 19TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	<del>PERKA, D</del>	
STREET ADDRESS	1133 19TH STREET N	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALSBUURY, M	
STREET ADDRESS	1801 PA AVENUE NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V.P. &amp; Gen. Tax Counsel</b>
3.3 STREET ADDRESS	<b>WALTER NAGEL</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Walter Nagel **Walter Nagel** 4/29/99 202-736-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)