



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93638		2. Name of Corporation MCI WORLDCOM COMMUNICATIONS, INC.			
3. Street Address Principal Business Office 22001 LOUDOUN COUNTY PARKWAY C 2-3			City ASHBURN	State VA	Zip 20147
4. Business Phone No. 703 886-4970		5. State of Incorporation DELAWARE			6. SIC Code 6676
7. Brief Description of the Character of Business Conducted in Rhode Island COMMUNICATIONS					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name MICHAEL CAPELLAS			Vice President Name DOUGLAS A. RICHARDS		
Street Address 22001 LOUDOUN COUNTY PARKWAY			Street Address 22001 LOUDOUN COUNTY PARKWAY		
City ASHBURN	State VA	Zip 20147	City ASHBURN	State VA	Zip 20147
Secretary Name JENNIFER MCGAREY			Treasurer Name VICTORIA HARKER		
Street Address 22001 LOUDOUN COUNTY PARKWAY			Street Address 22001 LOUDOUN COUNTY PARKWAY		
City ASHBURN	State VA	Zip 20147	City ASHBURN	State VA	Zip 20147
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name ROBERT T. BLAKELY			Director Name ANASTASIA KELLY		
Street Address 22001 LOUDOUN COUNTY PARKWAY			Street Address 22001 LOUDOUN COUNTY PARKWAY		
City ASHBURN	State VA	Zip 20147	City ASHBURN	State VA	Zip 20147
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT)</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	\$100	10	COMMON	\$100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date FEB 28 2005 1000 208304

Check No. \_\_\_\_\_

By [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/28/05  
Signature of Officer Date

DOUGLAS A. RICHARDS  
Print or Type Name of Officer

VICE PRESIDENT  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

Form fields for Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, Brief Description of the Character of Business, President Name, Vice President Name, Secretary Name, Treasurer Name, Director Name, Authorized Shares, and Issued Shares.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Stephen R. Mooney, Date: 2/26/04, Title of Officer: Vice-President

File Date: 3/1/04, Check No.: 1000141779, By: [Signature]



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *93638*		2. Name of Corporation MCI WORLDCOM Communications, Inc.			
3. Street Address Principal Business Office 1133 19TH STREET, NW			City WASHINGTON	State DC	Zip 20036
4. Business Phone No. 2027366000		5. State of Incorporation DELAWARE		6. SIC Code 6676	
7. Brief Description of the Character of Business Conducted in Rhode Island COMMUNICATIONS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL CAPELLAS			Vice President Name SUSAN MAYER		
Street Address 22001 LOUDOUN COUNTY PARKWAY			Street Address 1133 19TH STREET, NW		
City ASHBURN	State VA	Zip 20147	City WASHINGTON	State DC	Zip 20036
Secretary Name MICHAEL SALSURY			Treasurer Name SUSAN MAYER		
Street Address 1133 19TH STREET, NW			Street Address 1133 19TH STREET, NW		
City WASHINGTON	State DC	Zip 20036	City WASHINGTON	State DC	Zip 20036
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL CAPELLAS			Director Name		
Street Address 22001 LOUDOUN COUNTY PARKWAY			Street Address		
City ASHBURN	State DC	Zip 20147	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$100.00 PAR VALUE		10	COMMON	100.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 6 3 8 \*

\*93638 FBC2/20/033:17:07 PM\*  
File Date 2-28-03  
Check No. 1000105340  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] / 2/26/03  
Signature of Officer Date  
MICHAEL SALSURY  
Print or Type Name of Officer  
SECRETARY  
Title of Officer



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 93638		2. Name of Corporation MCI WORLDCOM Communications, Inc.			
3. Street Address Principal Business Office 500 Clinton Center Dr., Clinton, MS 39056			City	State	Zip
4. Business Phone No. 202-736-6000		5. State of Incorporation DELAWARE		6. SIC Code 6676	
7. Brief Description of the Character of Business Conducted in Rhode Island COMMUNICATIONS					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BERNARD EBBERS			Vice President Name WALTER NAGEL		
Street Address 500 Clinton Center Dr.			Street Address 1133 19TH STREET, N.W. WASH. D.C. 20036		
City Clinton, MS 39056		Zip	City Washington, D.C.		State D.C.
Secretary Name SCOTT SULLIVAN			Treasurer Name SCOTT SULLIVAN		
Street Address 500 Clinton Center Dr.			Street Address 500 Clinton Center Dr.		
City Clinton, MS 39056		Zip	City Clinton, MS 39056		State MS
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BERNARD EBBERS			Director Name		
Street Address 500 Clinton Center Dr.			Street Address		
City Clinton, MS 39056		Zip	City		State
Director Name			Director Name		
Street Address			Street Address		
City		State	City		State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$100.00 PAR VALUE		10	C	100
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 6 3 8 \*

File Date: 3-1-02  
Check No.: 10000 68652  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]  
Signature of Officer  
Date: 2/26/02

Walter Nagel  
Print or Type Name of Officer  
V.P. & Gen. Tax Counsel  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **93638** 2. Name of Corporation **NCI WORLDCOM Communications, Inc.**  
3. Street Address Principal Business Office **500 Clinton Center Dr., Clinton, MS 39056** City **Clinton** State **MS** Zip **39056**  
4. Business Phone No. **202-736-6000** 5. State of Incorporation **DELAWARE** 6. SIC Code **6676**

7. Brief Description of the Character of Business Conducted in Rhode Island

**COMMUNICATIONS**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>BERNARD EBBERS</b>	Vice President Name <b>WALTER NAGEL</b>
Street Address <b>500 Clinton Center Dr.</b>	Street Address <b>1133 19TH STREET, N.W. WASH. D.C. 20036</b>
City <b>Clinton, MS 39056</b> Zip <b>39056</b>	City <b>Washington, D.C.</b> State <b>D.C.</b> Zip <b>20036</b>
Secretary Name <b>SCOTT SULLIVAN</b>	Treasurer Name <b>SCOTT SULLIVAN</b>
Street Address <b>500 Clinton Center Dr.</b>	Street Address <b>500 Clinton Center Dr.</b>
City <b>Clinton, MS 39056</b> Zip <b>39056</b>	City <b>Clinton, MS 39056</b> Zip <b>39056</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>BERNARD EBBERS</b>	Director Name
Street Address <b>500 Clinton Center Dr.</b>	Street Address
City <b>Clinton, MS 39056</b> Zip <b>39056</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

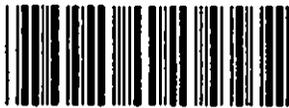
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>\$100.00</b>	<b>PAR VALUE</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>10</b>	<b>C</b>	<b>100.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 6 3 8 \*

File Date: 2/15  
Check No.: 1000029459  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/12/01  
**Walter Nagel**

Print or Type Name of Officer: **V.P. & Gen. Tax Counsel**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>93638</b>		2. Name of Corporation <b>MCI WORLDCOM Communications, Inc.</b>	
3. Street Address Principal Business Office <b>500 Clinton Center Dr., Clinton, MS 39058</b>		City	State
4. Business Phone No. <b>202-736-6000</b>		5. State of Incorporation <b>DELAWARE</b>	
6. SIC Code <b>6676</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>BERNARD EBBERS</b>		Vice President Name <b>WALTER NAGEL</b>	
Street Address <b>500 Clinton Center Dr., Clinton, MS 39058</b>		Street Address <b>1133 19TH STREET, N.W. WASH. D.C. 20006</b>	
City	State	City	State
Zip		Zip	
Secretary Name <b>SCOTT SULLIVAN</b>		Treasurer Name <b>SCOTT SULLIVAN</b>	
Street Address <b>500 Clinton Center Dr., Clinton, MS 39058</b>		Street Address <b>500 Clinton Center Dr., Clinton, MS 39058</b>	
City	State	City	State
Zip		Zip	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>BERNARD EBBERS</b>		Director Name <b>SCOTT SULLIVAN</b>	
Street Address <b>500 Clinton Center Dr., Clinton, MS 39058</b>		Street Address <b>500 Clinton Center Dr., Clinton, MS 39058</b>	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>1,000 \$100.00 PAR VALUE</b>		<b>10</b>	<b>COMMON</b>
			<b>100.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 3 6 3 8 \*

File Date: 3/1/00

Check No.: 1001467864

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date: 2/28/00

**Walter Nagel**

Print or Type Name of Officer

**V.P. & Gen. Tax Counsel**

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>93638</b>		2. Name of Corporation <b>WorldCom Technologies, Inc.</b>		
3. Street Address Principal Business Office <b>515 E. Amite St. Jackson, MS 39201</b>		City	State	Zip
4. Business Phone No. <b>202-736-6000</b>		5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>6676</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>COMMUNICATIONS</b>				
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name <b>BERNARD EBBERS</b>		Vice President Name <b>WALTER NAGEL</b>		
Street Address <b>515 E. Amite St. Jackson, MS 39201</b>		Street Address <b>1133 19th Street, N.W. Wash. D.C. 20036</b>		
City	State	Zip	City	State
City	State	Zip	City	State
Secretary Name <b>SCOTT SULLIVAN</b>		Treasurer Name <b>SCOTT SULLIVAN</b>		
Street Address <b>515 E. Amite St. Jackson, MS 39201</b>		Street Address <b>515 E. Amite St. Jackson, MS 39201</b>		
City	State	Zip	City	State
City	State	Zip	City	State
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name <b>BERNARD EBBERS</b>		Director Name <b>SCOTT SULLIVAN</b>		
Street Address <b>515 E. Amite St. Jackson, MS 39201</b>		Street Address <b>515 E. Amite St. Jackson, MS 39201</b>		
City	State	Zip	City	State
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
City	State	Zip	City	State
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1,000</b>	<b>\$100.00 PAR VALUE COMMON</b>		<b>10</b>	<b>COMMON</b>
				<b>100.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Mar 1, 1999  
Check No.: 1000478715  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

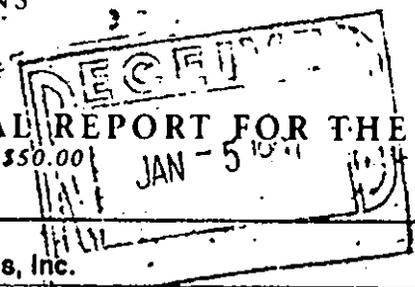
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/24/99  
Signature of Officer Date  
WALTER NAGEL  
Print or Type Name of Officer  
VP + GEN TAX COONSEL  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>93638</b>		2. Name of Corporation <b>WorldCom Technologies, Inc.</b>			
3. Street Address Principal Business Office <b>515 East Amite Street</b>			City <b>Jackson</b>	State <b>MS</b>	Zip <b>39201-2702</b>
4. Business Phone No. <b>(601) 360-8600</b>		5. State of Incorporation <b>DELAWARE</b>			6. SIC Code <b>6676</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Telecommunications</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Bernard J. Ebbers</b>			Vice President Name <b>NA</b>		
Street Address <b>515 East Amite Street</b>			Street Address		
City <b>Jackson</b>	State <b>MS</b>	Zip <b>39201-2702</b>	City	State	Zip
Secretary Name <b>Scott D. Sullivan</b>			Treasurer Name <b>Scott D. Sullivan</b>		
Street Address <b>515 East Amite Street</b>			Street Address <b>515 East Amite Street</b>		
City <b>Jackson</b>	State <b>MS</b>	Zip <b>39201-2702</b>	City <b>Jackson</b>	State <b>MS</b>	Zip <b>39201-2702</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Bernard J. Ebbers</b>			Director Name <b>Charles Cannada</b>		
Street Address <b>515 East Amite Street</b>			Street Address <b>515 East Amite Street</b>		
City <b>Jackson</b>	State <b>MS</b>	Zip <b>39201-2702</b>	City <b>Jackson</b>	State <b>MS</b>	Zip <b>39201-2702</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>\$100.00 PAR VALUE</b>		<b>10</b>	<b>Common</b>	<b>100.00</b>
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3.2.98  
 Check No.: 110463  
 By: KP  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Bernard J. Ebbers* 2/27/98  
 Signature of Officer Date  
**Bernard J. Ebbers**  
 Print or Type Name of Officer  
**President / CEO**  
 Title of Officer

WorldCom, Inc.  
All Wholly-Owned Domestic Subsidiaries

Officers	
<p style="text-align: center;">President &amp; CEO Bernard J. Ebbers 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>	<p style="text-align: center;">Secretary, Treasurer &amp; CFO Scott D. Sullivan 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>
<p style="text-align: center;">Assistant Secretary Charles T. Cannada 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>	<p style="text-align: center;">Assistant Secretary William E. Anderson 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>
<p style="text-align: center;">VP/Controller David F. Myers 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>	

Directors	
<p style="text-align: center;">Bernard Ebbers 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>	<p style="text-align: center;">Charles Cannada 515 East Amite St, Jackson MS 39201 PH # (601) 360-8600</p>