2005 FOR PROFIT CORPORATION ~~ ANNUAL REPORT

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DOCUMENT # F94000002577							FILEU						
1. Entity Name							FILEU 05 APR 27 PM 4: 17 SECTION ASSEE, FLORIDA TALLAMASSEE, FLORIDA						
ICG TELECOM GROUP, INC.								05 APN 6	- '	ELTE			
						T. S.	· ·	arcticle		ADIRIO			
Principal Place of Business Mailing Address							'	SELMINA	SSEE, F	Lom			
161 INVERNESS DRIVE WEST 161 INVERNESS DRIVE WEST							i	/ ALLA"					
ENGLEWOOD,			ATTN: LEGAL DEPARTM	ATTN: LEGAL DEPARTMENT									
ENGLEWOOD, CO 80112							1811181 11	1010 070 FL 901F 01F1 10F	1 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		1616 410		
2. Principal Pl	3. Mailing Address	iling Address											
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04082005	Chg-P	CR2E0	34 (10/03)				
City & State			City & State				4. FEI Numbe	ır		I Ap	plied For		
							84-126			F (t Applicable		
Zip Country			Zip Country				5. Certificate	of Status Desired		\$8.75 Add			
							Fee Required						
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent Name								
CORPORATION SERVICE COMPANY													
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)								
TALLAHASSEE, FL 32301													
					City	FL ^z							
					,								
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 													
· · · · · · · · · · · · · · · · · · ·													
SIGNATURE									DATE				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.													
After Ma	ay 1, 200	5 Fee will be \$550.0	Adde	ed to Fees									
10.		OFFICERS AND D	-	11.			ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11		
TITLE	P	EEEDEV O	🔀 Delete	TITLE		P	el P. Ca	· *****		X Change	☐ Addition		
NAME STREET ADDRESS	· ·	EFFREY R RNESS DRIVE WEST		ET ADDRESS		Inverness Drive West							
CITY-ST-ZIP		OOD, CO 80112		-ST-ZIP	Englewood, CO 80112								
TITLE	VD		⊈ Delete	TITLE						Change	☐ Addition		
NAME	FISH, RIC		NA [®]		-		n	000052362110					
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NAME STREET ADDRESS	161 INVERNESS DRIVÉ WEST			NAMI	ET ADDRESS		l Inverness Drive West						
CITY-ST-ZIP					- ST - ZIP		ewood, (
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NAME		CHRISTOPHER P	,	NAM		Johr	T. Sieg	gel ss Drive W		,	İ		
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TITLE NAME	ASV Delete IIII CUJE, MAURY L					l	r H. O.	Claudy		Change	Addition		
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CITY-ST-ZIP					-ST-ZIP	Į.		0 80112			ì		
TITLE	V		□ Delete	TITLE	<u> </u>					Change	Addition		
NAME	KALLET, MICHAEL D NAM										į		
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP	L		this filling dogs and available for		-ST-ZIP	lod is S-	otion 110 07/01/	i) Florida Status	l forther ac-	ifu that the !-	ularmatica.		
12. 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 report or supplemental 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.													
indicated on this report or supplemental 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 see this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all phenike empowered. Robert J. Schmiedeler													
CEO and							o. ocna.	, ,					
SIGNAT	URE: _	1110	SIGNATURE: CFO and Secretary 4-19-05										



ACCOUNT NO. : 07210000032

REFERENCE : 336578

7189839

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: April 26, 2005

ORDER TIME : 11:10 AM

ORDER NO. : 336578-005

CUSTOMER NO: 7189839

CUSTOMER: Ms. Carrie Hanson

Icg Communications, Inc. 161 Inverness Drive West

Englewood, CO 80112

ANNUAL REPORT FILING

NAME: ICG TELECOM GROUP, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: