

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90140 033 ***150.00

DOCUMENT # F95000002034

1. Entity Name
CENTURYTEL TELECOMMUNICATIONS, INC.

Principal Place of Business P.O. BOX 4065 MONROE LA 71211-5065	Mailing Address P.O. BOX 4065 MONROE LA 71211-5065
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907168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 74-2361676		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLE, KENNETH R			NAME	Karen Puckett		
STREET ADDRESS	100 CENTURY PARK DRIVE			STREET ADDRESS	100 Century Tel Dr		
CITY-ST-ZIP	MONROE LA			CITY-ST-ZIP	Monroe, LA 71203		
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POST III, GLEN F			NAME			
STREET ADDRESS	100 CENTURY PARK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MONROE LA			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, HARVEY P			NAME			
STREET ADDRESS	100 CENTURY PARK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MONROE LA			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCHART, KAY C			NAME			
STREET ADDRESS	100 CENTURY PARK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MONROE LA			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EWING, R S			NAME			
STREET ADDRESS	100 CENTURY PARK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MONROE LA			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREER, MURRAY H			NAME			
STREET ADDRESS	100 CENTURY PARK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MONROE LA			CITY-ST-ZIP			

13. 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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kay C. Buchart Kay C. Buchart 1/11/2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)