
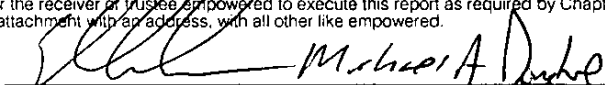


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90057 016 \*\*\*150.00

<b>DOCUMENT # F99000002193</b> 1. Entity Name <b>ADVANCED TELCOM OF DELAWARE INC.</b>					
Principal Place of Business <b>730 SECOND AVE S SUITE 900 MINNEAPOLIS, MN 55402</b>			Mailing Address <b>730 SECOND AVE S SUITE 900 MINNEAPOLIS, MN 55402</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>77-0489158</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FC WILLIAMS, CLIFF D 730 SECOND AVE S, SUITE 900 MINNEAPOLIS, MN 55402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP SMITH, RICHARD A 730 SECOND AVE S, SUITE 900 MINNEAPOLIS, MN 55402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO BOYD, GEOFFREY M 730 SECOND AVE S, SUITE 900 MINNEAPOLIS, MN 55402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPS OXLEY, JEFFERY J 730 SECOND AVE S, SUITE 900 MINNEAPOLIS, MN 55402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSES, MARVIN C 730 SECOND AVE S, SUITE 900 MINNEAPOLIS, MN 55402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 6526 Snowmass Village CO 81615</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAN GENDEREN, PETER M 730 SECOND AVE S, SUITE 900 MINNEAPOLIS, MN 55402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>370 17th Street Suite 3650 Denver, CO 80202</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			Date <b>2/21/06</b> Daytime Phone # <b>617-366-6602</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michael A. Dwyer</b>					