

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90141 038 ***550.00

0150299 MB

DOCUMENT # F99000004241

1. Entity Name

NUVOX COMMUNICATIONS, INC.



Principal Place of Business

**16090 SWINGLEY RIDGE ROAD, SUITE 500
ATTN: ACCOUNTS PAYABLE
CHESTERFIELD MO 63017**

Mailing Address

**16090 SWINGLEY RIDGE ROAD, SUITE 500
ATTN: ACCOUNTS PAYABLE
CHESTERFIELD MO 63017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

57-1080680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SOLOMON, DAVID 16090 SWINGLEY RIDGE RD CHESTERFIELD MO 63017	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSETY, MIKE 16090 SWINGLEY RIDGE RD., STE 500 CHESTERFIELD MO 63017	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNEEN, JOHN 16090 SWINGLEY RIDGE RD., STE 500 CHESTERFIELD MO 63017	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, MIKE 16090 SWINGLEY RIDGE RD CHESTERFIELD MO 63017	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORREST, MARGUERITE 16090 SWINGLEY RIDGE RD CHESTERFIELD MO 63017	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONALD C. WEBSTER 16090 Swingley Ridge Rd Suite 500 CHESTERFIELD MO 63017	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Douglas W. FAUST 16090 Swingley Ridge Rd Suite 500 CHESTERFIELD MO 63017	☐ Change ☒ Addition

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 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. FAUST

Date

7/10/03

Daytime Phone #

(636) 5377379

CR2E034 (4/03)