

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90079 040 ***150.00

DOCUMENT # F00000001742

1. Entity Name

KMC TELECOM.COM, INC.

Principal Place of Business

**1545 ROUTE 206, SUITE 300
 BEDMINSTER NJ 07921**

Mailing Address

**1545 ROUTE 206, SUITE 300
 BEDMINSTER NJ 07921**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3711977

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

(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) ☐

FILE NOW!!! FEE IS \$150.00

**After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **YOUNG, ROSCOE C II**
 STREET ADDRESS **1545 ROUTE 206, SUITE 300**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **Chief Operating Officer & President** ☒ Change ☐ Addition
 NAME **Roscoe C. Young II**
 STREET ADDRESS **1545 Route 206, Suite 300**
 CITY-ST-ZIP **Bedminster, NJ 07921**

TITLE **V** ☒ Delete
 NAME **ROSENBLUM, CHARLES**
 STREET ADDRESS **1545 ROUTE 206, SUITE 300**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **Chief Executive Officer & Director** ☐ Change ☒ Addition
 NAME **William F. Lenahan**
 STREET ADDRESS **1545 Route 206, Suite 300**
 CITY-ST-ZIP **Bedminster, NJ 07921**

TITLE **S** ☐ Delete
 NAME **HAGAN, ROBERT**
 STREET ADDRESS **1545 ROUTE 206, SUITE 300**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **Sr. V.P. & Assistant Secretary** ☒ Change ☐ Addition
 NAME **Robert Hagan**
 STREET ADDRESS **1545 Route 206, Suite 300**
 CITY-ST-ZIP **Bedminster, NJ 07921**

TITLE **T** ☐ Delete
 NAME **LOOSEMORE, CONSTANCE**
 STREET ADDRESS **1545 ROUTE 206, SUITE 300**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **V.P., Assistant Treasurer, & Assistant Secretary** ☒ Change ☐ Addition
 NAME **Constance Loosemore**
 STREET ADDRESS **1545 Route 206, Suite 300**
 CITY-ST-ZIP **Bedminster, NJ 07921**

TITLE **CD** ☐ Delete
 NAME **KARMINE, HAROLD**
 STREET ADDRESS **1545 ROUTE 206, SUITE 300**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **Chairman of the Board & Director** ☒ Change ☐ Addition
 NAME **Harold Karmine**
 STREET ADDRESS **1545 Route 206, Suite 300**
 CITY-ST-ZIP **Bedminster, NJ 07921**

TITLE **D** ☐ Delete
 NAME **STEWART, WILLIAM**
 STREET ADDRESS **1545 ROUTE 206, SUITE 300**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

TITLE **Chief Financial Officer & Exec. V.P. & Director** ☒ Change ☐ Addition
 NAME **William H. Stewart**
 STREET ADDRESS **1545 Route 206, Suite 300**
 CITY-ST-ZIP **Bedminster, NJ 07921**

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:

Joseph Hagan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)