


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002606 1. Entity Name KMC TELECOM V, INC.	
---	---

Principal Place of Business 1545 ROUTE 206, SUITE 300 BEDMINSTER, NJ 07921	Mailing Address 1545 ROUTE 206, SUITE 300 BEDMINSTER, NJ 07921
--	--



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3719935	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000155140
05/05/04-80023-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COPF YOUNG, RONCOE C II 1545 ROUTE 206, SUITE 300 BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD STEWART, WILLIAM H 1545 ROUTE 206, SUITE 300 BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCVS EPSTEIN, ALAN M 1545 ROUTE 206, SUITE 300 BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP ROSENBLUM, CHARLES 1545 ROUTE 206, SUITE 300 BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Gary Wagner 4/27/04 (908) 470-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #