

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90148 001 ***300.00

DOCUMENT # F00000004677

1. Entity Name

US LEC COMMUNICATIONS INC.



Principal Place of Business

THREE MORROCROFT CENTRE
6801 MORRISON BLVD.
CHARLOTTE NC 28211

Mailing Address

THREE MORROCROFT CENTRE
6801 MORRISON BLVD.
CHARLOTTE NC 28211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

56-2162051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	COWELL, AARON D JR.	
STREET ADDRESS	6801 MORRISON BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	ROBINSON, MICHAEL K	
STREET ADDRESS	6801 MORRISON BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	S	<input type="checkbox"/> Delete
NAME	TURLEY, SHANE S	
STREET ADDRESS	6801 MORRISON BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NOETTA, AMY G	
STREET ADDRESS	6801 MORRISON BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	D	<input type="checkbox"/> Delete
NAME	AAB, RICHARD	
STREET ADDRESS	6801 MORRISON BLVD	
CITY-ST-ZIP	WASHINGTON DC 20211	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GOOLEY, THOMAS R	
STREET ADDRESS	6801 MORRISON BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28211	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOETTA, Amy	
STREET ADDRESS	6801 MORRISON BLVD	
CITY-ST-ZIP	Charlotte NC 28211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

Daytime Phone #