
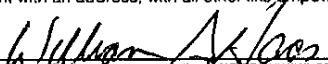


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90391 030 ***150.00

DOCUMENT # F01000000038					
1. Entity Name MCLEODUSA NETWORK SERVICES, INC.					
Principal Place of Business 6400 C ST S.W. CEDAR RAPIDS, IA 52406-3177			Mailing Address PO BOX 3177 CEDAR RAPIDS, IA 52406-3177		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	Pres/CEO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, STEPHEN C		NAME	Royce J. Holland	
STREET ADDRESS	6400 C ST SW		STREET ADDRESS	6400 C Street, SW	
CITY-ST-ZIP	CEDAR RAPIDS, IA		CITY-ST-ZIP	Cedar Rapids, IA 52404	
TITLE	GVPS	<input checked="" type="checkbox"/> Delete	TITLE	Acting Sec/V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, JAMES E		NAME	William Haas	
STREET ADDRESS	6400 C. STREET SW PO BOX 3177		STREET ADDRESS	6400 C Street, SW	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52406		CITY-ST-ZIP	Cedar Rapids, IA 52404	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERYANEC, JOSEPH H		NAME		
STREET ADDRESS	6400 C ST SW		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA		CITY-ST-ZIP		
TITLE	CEOD	<input checked="" type="checkbox"/> Delete	TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, CHRIS A		NAME	Robert Reich	
STREET ADDRESS	6400 C. STREET SW PO BOX 3177		STREET ADDRESS	6400 C Street, SW	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52406		CITY-ST-ZIP	Cedar Rapids, IA 52404	
TITLE	GVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRAW, ROY C		NAME		
STREET ADDRESS	6400 C. STREET SW PO BOX 3177		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52406		CITY-ST-ZIP		
TITLE	EVPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCKHARDT, KENNETH G		NAME		
STREET ADDRESS	6400 C. STREET SW PO BOX 3177		STREET ADDRESS		
CITY-ST-ZIP	CEDAR RAPIDS, IA 52406		CITY-ST-ZIP		
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.					
SIGNATURE: 		WILLIAM HAAS		4-20-06 5197907295	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40075295



04132006 Chg-P CR2E034 (11/05)

4. FEI Number
42-1407241

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

ATTACHMENT

40075295

Fb 1000000038

SHUTTLEWORTH & INGERSOLL, P.L.C.
ATTORNEYS AT LAW ESTABLISHED 1854

V.C. SHUTTLEWORTH 1900-1965
T.M. INGERSOLL 1902-1972

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RICHARD S. FRY
RICHARD C. GARBERSON
GARY J. STREIT
CARROLL J. REASONER
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THOMAS P. PEPPER

DENNIS J. McMENIMEN
KEVIN H. COLLINS
WILLIAM P. PROWELL
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WILLIAM R. SHUTTLEWORTH
JAMES C. NEMMERS

April 27, 2006

Florida Department of State
Division of Corporations
PO Box 1500
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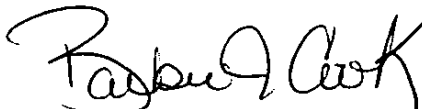
Re: McLeodUSA Network Services, Inc.

To Whom It May Concern:

Enclosed please find the 2006 For Profit Corporation Annual Report for the above-referenced corporation. Please place the Report on file and return the recorded, file-stamped copy to the undersigned in the enclosed envelope. I am also enclosing a check in the amount of \$150.00 to cover the filing fees.

Should you have any questions, please contact me.

Very truly yours,



BARBIE J. COOK
Paralegal

BJC:pjk
Enc.