2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F08000003494

Entity Name: DELTACOM INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

7037 OLD MADISON PIKE
HUNTSVILLE, AL 35806

New Principal Place of Business:

Current Mailing Address:

7037 OLD MADISON PIKE
HUNTSVILLE, AL 35806

New Mailing Address:

FEI Number: 00-0288053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SWANI, SANJAY	
Address:	% 320 PARK AVENUE, SUITE 2500	
City-St-Zip:	NEW YORK, NY 10022	
Title:	D	( ) Delete
Name:	CURRAN, RANDALL (RANDY E CEO	
Address:	% 7037 OLD MADISON PIKE	
City-St-Zip:	HUNTSVILLE, AL 35806	
Title:	D	( ) Delete
Name:	MCCARLEY, GERALD	
Address:	1964 CRANBOURNE COURT	
City-St-Zip:	DUNWOODY, GA 30338	
Title:	VP	( ) Delete
Name:	KOEPSEL, BILL (WILLIAM) T	
Address:	ONE PERIMETER PARK S, SUITE 375 S	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	VP	( ) Delete
Name:	ROBERTSON, DANIEL	
Address:	426 VETERANS DR, STE A	
City-St-Zip:	FLORENCE, AL 35630	
Title:	SVP	( ) Delete
Name:	HARWELL, DAVID	
Address:	7037 OLD MADISON PIKE, SUITE 400	
City-St-Zip:	HUNTSVILLE, AL 35806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA PLUNKETT VP 01/14/2009

Electronic Signature of Signing Officer or Director Date