FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:53

DOCUMENT # **F93000001520 (6)**

1. Corporation Name
MIDWEST FIBERNET INC.

Principal Place of Business	Mailing Address
121 SOUTH 17TH STREET MATTOON IL 61938	121 SOUTH 17TH STREET MATTOON IL 61938

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 37-1182212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	LUMPKIN, RICHARD A	12 NAME		
STREET ADDRESS	121 SOUTH 17TH STREET	13 STREET ADDRESS		
CITY ST ZIP	MATTOON IL	14 CITY ST ZIP		
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	HARRINGTON, K A	22 NAME		
STREET ADDRESS	540 MARYVILLE CENTRE DR SUITE 400	23 STREET ADDRESS		
CITY ST ZIP	ST LOUIS MO 33	24 CITY ST ZIP	St. Louis MO 63141	
TITLE	V	31 TITLE	VD	☒ Change ☐ Addition
NAME	PATRICK, J L	32 NAME		
STREET ADDRESS	121 SOUTH 17TH STREET	33 STREET ADDRESS		
CITY ST ZIP	MATTOON IL	34 CITY ST ZIP		
TITLE	S	41 TITLE	V	☒ Change ☐ Addition
NAME	CHAPLIN, C R	42 NAME	Lockard, R. W.	
STREET ADDRESS	121 SOUTH 17TH STREET	43 STREET ADDRESS	540 Maryville Centre Dr. Suite 400	
CITY ST ZIP	MATTOON IL	44 CITY ST ZIP	St. Louis MO 63141	
TITLE	T	51 TITLE	TS	☒ Change ☐ Addition
NAME	GRISSOM, S L	52 NAME		
STREET ADDRESS	121 SOUTH 17TH STREET	53 STREET ADDRESS		
CITY ST ZIP	MATTOON IL	54 CITY ST ZIP		
TITLE	ASAT	61 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, K R	62 NAME		
STREET ADDRESS	121 SOUTH 17TH STREET	63 STREET ADDRESS		
CITY ST ZIP	MATTOON IL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is validly requested and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.L. Grissom — S.L. Grissom — 4-24-95 — (217) 235-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480728 FN