

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002035 (1)

1. Corporation Name  
KMC TELECOM INC.



Principal Place of Business  
1545 ROUTE 206, SUITE 300  
BEDMINSTER NJ 07821-2567  
US

Mailing Address  
1545 ROUTE 206, SUITE 300  
BEDMINSTER NJ 07821-2567  
US

3. Date Incorporated or Qualified 04/24/1986	3a. Date of Last Report
4. FEI Number 63-1143232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCDS	<input type="checkbox"/> DELETE
NAME	KAMINE, HAROLD N	
STREET ADDRESS	1545 ROUTE 206, STE 300	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	D'AMICO, ANDREW M	
STREET ADDRESS	1545 ROUTE 206, STE 300	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCNAMARA, MICHAEL R	
STREET ADDRESS	1545 ROUTE 206, STE 300	
CITY-ST-ZIP	BEDMINSTER NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kamine, Harold N.	
1.3 STREET ADDRESS	1545 Route 206, Ste 300	
1.4 CITY-ST-ZIP	Bedminster, NJ 07921	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Sternberg	
2.3 STREET ADDRESS	1545 Route 206, Ste 300	
2.4 CITY-ST-ZIP	Bedminster, NJ 07921	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia Worthman	
3.3 STREET ADDRESS	1545 Route 206, Ste 300	
3.4 CITY-ST-ZIP	Bedminster, NJ 07921	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

*Cynthia Worthman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

908-470-2100

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CR2E034 (9/96)