

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006048 (0)**

1. Corporation Name

**MCLEODUSA TELECOMMUNICATIONS SERVICES, INC.**



Principal Place of Business

**221 3RD AVE., S.E., #500  
CEDAR RAPIDS IA 52401**

Mailing Address

**221 3RD AVE., S.E., #500  
CEDAR RAPIDS IA 52401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6400 C Street SW</b>		26 <b>6400 C Street SW</b>		11/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		42-1407242	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>Cedar Rapids, Iowa</b>		28 <b>Cedar Rapids, Iowa</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>52406</b>		29 <b>52406</b>			
Country		Country			
25 <b>US</b>		30 <b>U.S.</b>			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, STEPHEN C	1.2 NAME	
STREET ADDRESS	221 3RD AVE., S.E., #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHON, CASEY D	2.2 NAME	Assistant S
STREET ADDRESS	221 3RD AVE., S.E., #500	2.3 STREET ADDRESS	Laura J. Hahn
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	2.4 CITY-ST-ZIP	6400 C Street SW
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Cedar Rapids, IA 52406
NAME	MCLEOD, CLARK E	3.2 NAME	
STREET ADDRESS	221 3RD AVE., S.E., #500	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BLAKE O JR	4.2 NAME	
STREET ADDRESS	221 3RD AVE., S.E., #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 appointed 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 \_\_\_\_\_ DATE 11/18/96 (an) 080775

CR2E034 (10/97)