Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90076 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006048

1. Corporation Name

MCLEODUSA TELECOMMUNICATIONS SERVICES, INC.

Principal Place		Mailing Address	R. v. 0177					
6400 C STREET SW CEDAR RAPIDS IO 52406		6400 C ST S W PO BOX 3/77 CEDAR RAPIDS 10 52406 US						
US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife	ea .		
2 Principal D	lace of Business	2a. Mailing Address			11/18/1996 4. FEI Number	 -	l Aı	oplied For
2. Fillicipal Fi	ace of business	26 PO Box 31	<i>/フフ</i>		42-1407242		· -	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-		\$8.75	Additional
22	_	27			5. Certifcate of Status Desired		Fee R	equired
City & State	^ ^	City & State	1 ~	4	6. Election Campaign Financing	9 🗆	•	May Be
	- Kapids, IA	28 Cedar Kar		4	Trust Fund Contribution			to Fees
Zip	O Country	Zip S 2406-3177 3) Country		 This corporation owes the cu Personal Property Tax. 	ırrent year int	angible □Yes	₽No
24	9. Name and Address of Curre		501		10. Name and Address of New	/ Registered		
	5. Name and Address of Ourion	nt regiotored rigorit	81 Nan	ne	ALIAN TTT			
CT	CORPORATION SYSTEM		82 Stre	ot Addros	ss (P.O. Box Number is Not Acce	ntable)		
	SOUTH PINE ISLAND ROAD		02 Stre	et Addres	SS (F.O. BOX NUMBER IS NOT ACCE	plable) 		
PLAN	NTATION FL 33324		83					
			84 City				85 Zip	Code
			Just City			FL	•	
					estion authorite this statement for th	on ourmone of	changing its	registered
office or n agent. I a	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations are sections.	e of Florida. Such change was aut	inorizea by the co	ed corpor orporation	ration submits this statement for the board of directors. I hereby account to the board of directors and the board of directors.	ept the appoi	changing its ntment as re	s registered egistered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was autations of, Section 607.0505, Floridations of the image of the section 607.0505 (NOTE: R	monzed by the co da Statutes. Registered Agent signati	orporation	s poard of directors. Thereby acc	DATE		
office or nagent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AL	of Florida. Such change was autations of, Section 607.0505, Floridations of the interpolation	chorized by the coda Statutes. Registered Agent signate 13.	orporation	s poard of directors. Thereby acc	DATE	ND DIRECTO	ORS IN 12
office or nagent. I as SIGNATURE 12.	egistered agent, or both, in the State m familiar with, and accept the obligated agents of registered agents of the state	of Florida. Such change was autations of, Section 607.0505, Floridations of the image of the section 607.0505 (NOTE: R	Registered Agent signate 13. 1.1 TITLE	orporation	s poard of directors. Thereby acc	DATE		
office or nagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AI P GRAY, STEPHEN C	of Florida. Such change was autations of, Section 607.0505, Floridations of the interpolation	Registered Agent signate 13. 1.1 TITLE 1.2 NAME	ure required v	when reinstating) ADDITIONS/CHANGES TO (DATE	ND DIRECTO	ORS IN 12
office or nagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of registered age OFFICERS AI P GRAY, STEPHEN C 221 3RD AVE., S.E., #500	of Florida. Such change was autations of, Section 607.0505, Floridations of the interpolation	Registered Agent signals 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE	ure required v	when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AN	ND DIRECTO	ORS IN 12
office or nagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of registered agent of the state of registered agent	ent and title if applicable. DIRECTORS DELETE	Registered Agent signals 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP	ure required v	when reinstating) ADDITIONS/CHANGES TO CO	DATE DEFICERS AN	ND DIRECTO	ORS IN 12
office or nagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of registered age OFFICERS AI P GRAY, STEPHEN C 221 3RD AVE., S.E., #500 CEDAR RAPIDS IA 52401 AS	of Florida. Such change was autations of, Section 607.0505, Floridations of the interpolation	Registered Agent signals 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE	ure required v	when reinstating) ADDITIONS/CHANGES TO C O C Street SW av Rapids, IA Szi return	DATE DEFICERS AN	ND DIRECTO	DRS IN 12
office or nagent. I ai	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the oblig	ent and title if applicable. DIRECTORS DELETE	ronzed by the coda Statutes. Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP 2.1 TITLE	ure required v	when reinstating) ADDITIONS/CHANGES TO CO O C Street SW AV Rapids, IA 526	DATE DEFICERS AN	ND DIRECTO	DRS IN 12
office or nagent. I ai	egistered agent, or both, in the State m familiar with, and accept the obligation of	ent and title if applicable. DIRECTORS DELETE	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ure required v SSS 640 CeO Ra RA SSS 640	when reinstating) ADDITIONS/CHANGES TO C O C Sheet SW O C Rapids, IA Southertary Tetary Nath Rings O C Sheet SW	DATE DEFICERS AN	D DIRECTO Change	DRS IN 12
office or nagent. I ai	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the oblig	ent and title if applicable. DIRECTORS DELETE	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADORE	ure required v SSS 640 CeO Ra RA SSS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW av Rapids, IA Szi return	DATE DEFICERS AN	D DIRECTO Change	DRS IN 12
office or nagent. I ai	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the oblig	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 2.4 CITY-ST-ZIP	ure required v SSS 640 CeO Soc Ra 640 Av 6	when reinstating) ADDITIONS/CHANGES TO C O C Sheet SW Lar Rapids, IA Szertetary ndall Rings O C Street SW lar Rapids, IA Szertetary lar Rapids, IA Szerter	DATE DEFICERS AN	D DIRECTO Change	DRS IN 12 Addition
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the oblig	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 2.4 CITY-ST-ZIP 3.1 TITLE	ure required v USS 640 C=0 Sec Ra 640 Ay 6	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	DD DIRECTO Change Change	DRS IN 12 Addition
office or nagent. I are specified and agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the oblig	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ure required v USS 640 C=0 Sec Ra 640 Ay 6	when reinstating) ADDITIONS/CHANGES TO C O C Sheet SW Lar Rapids, IA Szertetary ndall Rings O C Street SW lar Rapids, IA Szertetary lar Rapids, IA Szerter	DATE DEFICERS AN 106 ~317	ND DIRECTO Change Change	DRS IN 12 Addition
office or nagent. I all all all all all all all all all a	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Florid	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE	ure required v USS 640 C=0 Sec Ra 640 Ay 6	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	DD DIRECTO Change Change	DRS IN 12 Addition
office or nagent. I aid SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the oblig	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridatio	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ure required v USS 640 C=0 Sec Ra 640 Ay 6	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO Change Change	DRS IN 12 Addition
office or nagent. I aid SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridatio	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE	ure required v SSS 640 SAS 640 CeS 640 CeS 640 CeS 640 CeS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO Change Change	DRS IN 12 Addition
office or nagent. I aid SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of t	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signate 13. 1.1 TITLE 12 NAME 1.3 STREET ADORE 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.3 STREET ADDRE 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.4 CITY-ST-ZIP	ure required v SSS 640 SAS 640 CeS 640 CeS 640 CeS 640 CeS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	DD DIRECTO Change TO Change	DRS IN 12 Addition Addition
office or nagent. I an agent. I an agent. I an signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.0505, Floridatio	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.1 TITLE 4.2 NAME	ure required v SSS 640 SAS 640 CeS 640 CeS 640 CeS 640 CeS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO Change TO Change Change Change	DRS IN 12 Addition
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.1 TITLE 5.1 TITLE 5.2 NAME	ure required v SSS 640 CeO SAC CHO CeO CeO CeO CeO CeO SSS 640 SSS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	DD DIRECTO Change TO Change	DRS IN 12 Addition Addition
office or nagent. I aid SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signate 13. 1.1 TITLE 12 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.5 STREET ADDRE 4.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.3 STREET ADDRE 5.3 STREET ADDRE 5.3 STREET ADDRE	ure required v SSS 640 CeO SAC CHO CeO CeO CeO CeO CeO SSS 640 SSS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO Change TO Change Change Change	DRS IN 12 Addition Addition
office or nagent. I air agent. I air agent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signate 13. 1.1 TITLE 12 NAME 1.3 STREET ADORE 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.1 TITLE 4.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 STREET ADDRE 5.6 CITY-ST-ZIP	ure required v SSS 640 CeO SAC CHO CeO CeO CeO CeO CeO SSS 640 SSS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO TO Change TO Change TO Change	DRS IN 12 Addition Addition
office or nagent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with, and accept the obligation of the state of the st	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signate 13. 1.1 TITLE 12 NAME 1.3 STREET ADORE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.5 STREET ADDRE 5.1 TITLE 5.2 NAME 6.3 STREET ADDRE 6.1 TITLE 6.1 TITLE	ure required v SSS 640 CeO SAC CHO CeO CeO CeO CeO CeO SSS 640 SSS 640	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO Change TO Change Change Change	DRS IN 12 Addition Addition
office or nagent. I air agent. I air agent. I air SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligation of the state o	of Florida. Such change was autations of, Section 607.0505, Floridations of, Section 607.0505, Floridation 607.050	Registered Agent signate 13. 1.1 TITLE 12 NAME 1.3 STREET ADORE 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE 4.1 TITLE 4.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 STREET ADDRE 5.6 CITY-ST-ZIP	ure required v Ure required v Ure Required v Rea GHC ArB ESS GHC CeB ESS	when reinstating) ADDITIONS/CHANGES TO C O C Street SW O Rapids, IA Sourcetary Indally Rings O C Street SW Lar Rapids, IA Sourcetary O C Street SW O C Street SW	DATE DEFICERS AN 106 ~317	ND DIRECTO TO Change TO Change TO Change	DRS IN 12 Addition Addition

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 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, with all other like empowered.

SIGNATURE: