

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90037 015 ***150.00

DOCUMENT # F96000006048

1. Entity Name
MCLEODUSA TELECOMMUNICATIONS SERVICES, INC.



Principal Place of Business
**6400 C STREET SW
ATTENTION: RANDALL RINGS
CEDAR RAPIDS, IA 52406 US**

Mailing Address
**6400 C STREET SW
ATTENTION: RANDALL RINGS
CEDAR RAPIDS, IA 52406 US**

24009436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
ATTN: James Thompson

Suite, Apt. #, etc.
ATTN: James Thompson

01292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

42-1407242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GRAY, STEPHEN C
STREET ADDRESS 6400 C. ST. SW
CITY-ST-ZIP CEDAR RAPIDS, IA 524063177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE GVP ☐ Delete
NAME MCGRAW, ROY C
STREET ADDRESS 6400 C. STREET SW PO BOX 3177
CITY-ST-ZIP CEDAR RAPIDS, IA 524063177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE COO ☐ Delete
NAME DAVIS, CHRIS A
STREET ADDRESS 6400 C ST SW
CITY-ST-ZIP CEDAR RAPIDS, IA 524063177

TITLE CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME CERYANEC, JOSEPH H
STREET ADDRESS 6400 CS SW
CITY-ST-ZIP CEDAR RAPIDS, IA 524063177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EVPC ☐ Delete
NAME BURCKHARDT, KENNETH G
STREET ADDRESS 6400 C. STREET SW PO BOX 3177
CITY-ST-ZIP CEDAR RAPIDS, IA 524063177

TITLE CFOD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE GVPS ☐ Delete
NAME THOMPSON, JAMES E
STREET ADDRESS 6400 C STREET SW PO BOX 3177
CITY-ST-ZIP CEDAR RAPIDS, IA 524063177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Thompson* /Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04
Date

319-790-7744
Daytime Phone #