



FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90147 036 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000006048			
1. Entity Name MCLEODUSA TELECOMMUNICATIONS SERVICES, INC.			
Principal Place of Business 6400 C STREET SW ATTN: JAMES THOMPSON CEDAR RAPIDS, IA 52406 US		Mailing Address 6400 C STREET SW ATTN: JAMES THOMPSON CEDAR RAPIDS, IA 52406 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042005		Chg-P CR2E034 (10/03)	
4. FEI Number 42-1407242		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, STEPHEN C <input checked="" type="checkbox"/> Delete 6400 C. ST. SW CEDAR RAPIDS, IA 524063177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GVP MCGRAW, ROY C <input type="checkbox"/> Delete 6400 C. STREET SW PO BOX 3177 CEDAR RAPIDS, IA 524063177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD DAVIS, CHRIS A <input type="checkbox"/> Delete 6400 C ST SW CEDAR RAPIDS, IA 524063177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CERYANEC, JOSEPH H <input type="checkbox"/> Delete 6400 CS SW CEDAR RAPIDS, IA 524063177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD BURCKHARDT, KENNETH G <input type="checkbox"/> Delete 6400 C. STREET SW PO BOX 3177 CEDAR RAPIDS, IA 524063177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GVPS THOMPSON, JAMES E <input type="checkbox"/> Delete 6400 C STREET SW PO BOX 3177 CEDAR RAPIDS, IA 524063177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	