

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006048

FILED
Mar 20, 2008
Secretary of State

Entity Name: MCLEODUSA TELECOMMUNICATIONS SERVICES, INC.

Current Principal Place of Business:

ONE MARTH'S WAY
HIAWATHA, IA 522333177 US

New Principal Place of Business:

ONE MARTHA'S WAY
HIAWATHA, IA 522333177 US

Current Mailing Address:

PO BOX 3177
HIAWATHA, IA 522333177 US

New Mailing Address:

FEI Number: 42-1407242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HOLLAND, ROYCE J
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: ASEC () Delete
Name: HAAS, WILLIAM A
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: CFO () Delete
Name: CERYANEC, JOSEPH H
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: SECR () Delete
Name: ZUROFF, BERNARD L
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: TREA (X) Delete
Name: REICH, ROBERT F
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHESONIS, ARUNAS A
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: VP (X) Change () Addition
Name: HAAS, WILLIAM A
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: TREA (X) Change () Addition
Name: WILSON, KEITH M
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: SECR (X) Change () Addition
Name: SIEVING, CHARLES E
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. HAAS

VP

03/20/2008

Electronic Signature of Signing Officer or Director

_____ Date