

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000005443 (3)

1. Corporation Name  
US LEC OF FLORIDA INC.



Principal Place of Business  
212 SOUTH TRYON ST., STE. 1540  
CHARLOTTE NC 28281

Mailing Address  
212 SOUTH TRYON ST., STE. 1540  
CHARLOTTE NC 28281

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/16/1997

2. Principal Place of Business  
21 401 N. Tryon St.  
Suite, Apt. #, etc.  
22 Suite 1000  
City & State  
23 Charlotte, NC  
Zip  
24 28202  
Country  
25 USA

2a. Mailing Address  
26 401 N. Tryon St.  
Suite, Apt. #, etc.  
27 Suite 1000  
City & State  
28 Charlotte, NC  
Zip  
29 28202  
Country  
30 USA

4. FEI Number  
APPLIED FOR 56-2046424  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 300002610213  
84 City 08/07/98-01014-0335 Zip Code \*\*\*150.00 FL

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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	AAB, RICHARD T	212 SOUTH TRYON ST., STE. 1540	CHARLOTTE NC 28281	<input type="checkbox"/>
DPAS	GANATRA, TANSUKH V	212 SOUTH TRYON ST., STE. 1540	CHARLOTTE NC 28281	<input type="checkbox"/>
VCFD	VAIL, DAVID N	212 SOUTH TRYON ST., STE. 1540	CHARLOTTE NC 28281	<input checked="" type="checkbox"/>
V	GREFRATH, GARY D	212 SOUTH TRYON ST., STE. 1540	CHARLOTTE NC 28281	<input type="checkbox"/>
V	SIMMONS, MICHAEL	212 SOUTH TRYON ST., STE. 1540	CHARLOTTE NC 28281	<input type="checkbox"/>
V	CONNER, DAVID C	212 SOUTH TRYON ST., STE. 1540	CHARLOTTE NC 28281	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		same as mailing address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		same as mailing address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
VCFD	Michael K. Robinson	same as mailing address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		same as mailing address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		same as mailing address		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		same as mailing address		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: [Signature]

CR2E034 (5/98)

*The Competitive  
Telephone Company™*

US LEC of North Carolina Inc.  
Transamerica Square  
401 N. Tryon Street  
Suite 1000  
Charlotte, North Carolina 28202

**704.319.1000**  
Fax 704.319.1345  
1.800.588.7280  
Website [www.uslec.com](http://www.uslec.com)

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July 24, 1998

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this letter as request for abatement of late fees resulting from late filing of US LEC of Florida, Inc's Annual Report. Our second notice packet was received, but the original packet never was received. We have moved our corporate location since our first filing, which may have something to do with our never receiving the first packet.

We believe that these circumstances constitute reasonable cause for abatement of any and all late fees.

Thank You,

A handwritten signature in black ink, appearing to read "T. Gooley", written over a horizontal line.

Thomas R. Gooley  
Director of Treasury and Taxation