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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005443

1. Corporation Name
US LEC OF FLORIDA INC.

Principal Place of Business	Mailing Address
401 N. TRYON ST SUITE 1000 CHARLOTTE NC 28202	401 N. TRYON ST SUITE 1000 CHARLOTTE NC 28202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1997

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 25 Country	29 Zip 30 Country

4. FEI Number: 56-2046424 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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
84 City **FL** 85 Zip Code

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] MICHAEL K. ROBINSON 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AAB, RICHARD T		1.2 NAME	
STREET ADDRESS	401 N. TRYON ST., SUITE 1000		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		1.4 CITY-ST-ZIP	
TITLE	DPAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GANATRA, TANSUKH V		2.2 NAME	
STREET ADDRESS	401 N. TRYON ST., SUITE 1000		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		2.4 CITY-ST-ZIP	
TITLE	VCFO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MICHAEL K		3.2 NAME	
STREET ADDRESS	401 N. TRYON ST., SUITE 1000		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREFRATH, GARY D		4.2 NAME	
STREET ADDRESS	401 N. TRYON ST., SUITE 1000		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, MICHAEL		5.2 NAME	
STREET ADDRESS	401 N. TRYON ST., SUITE 1000		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, DAVID C		6.2 NAME	
STREET ADDRESS	401 N. TRYON ST., SUITE 1000		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28202		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #