2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #, E97000005443 FILED: US LEC OF FLORIDA INC. JUL 26 AM 9:51 Mailing Address Principal Place of Business Morroarott III SECRETARY OF STATE TALEAHASSEE FLORIDA 6801 Mornson Blvd. Charlotte DC 26211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FE! Number 56-2046424 City & State Not Applicable Country \$8.75 Additional Żip . 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South line Bland Food Plantation, FL 33324 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. President, General Cookses Addition ☐ Change TITLE NAME NAME Aaron Dicowell STREET ADDRESS STREET ADDRESS 6801 Morrison Bly CITY-ST-ZIP CITY-ST-ZIP marlolle. ☐ Addition ☐ Change ☐ Delete TITLE EVP, CFO NAME NAME Michael K STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition EVIP, T-ENGINEERING ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 6801 morrison BlvD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Charbtle</u> wc ☐ Change ☐ Addition NAME NAME 900003343199--1 STREET ADDRESS STREET ADDRESS -08/02/00--01012--016 \*\*\*\*150.00 \*\*\*\*150.d CITY-ST-ZIP CITY-ST-ZIP VP-Treadury + Secretary Delete Thomas R Gooley TITLE TITLE NAME pool morrison STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 28211 13. 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 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 11 or Block. changed, or on an attachment with an address, with all other like empowered

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

US LEC Corp.
\*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





June 5, 2000

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

RE: Document # F97000005443

Dear Sir or Madam:

Please honor our request for a penalty waiver, as we did not receive the 2000 Annual Report application prior to the due date of May 1, 2000. As a matter of fact, we contacted your office twice to obtain the report.

If you should need further assistance, feel free to contact me (704) 319-1161.

Thank you in advance.

Sincerely,

Sue Totzke

Telecommunications Tax Manager