

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90037 016 ***150.00

DOCUMENT # F98000004089
 1. Entity Name
MCLEODUSA INFORMATION SERVICES, INC.



Principal Place of Business Mailing Address
 9012 NEW TRAILS DR 6400 C STREET SW
 THE WOODLANDS, TX 77381-4254 US P.O. BOX 3177
 CEDAR RAPIDS, IA 52406-3177

24009435



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

01292004 Chg-P CR2E034 (10/03)

4. FEI Number **76-0529757**
 Applied For Not Applicable

5. Certificate of Status Desired **\$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 _____ 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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAY, STEPHEN C	
STREET ADDRESS	6400 C STREET SW, BOX 3177	
CITY-ST-ZIP	CEDAR RAPIDS, IA 524063177	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	DAVIS, CHINS A	
STREET ADDRESS	6400 CS & SW	
CITY-ST-ZIP	CEDAR RAPIDS, IA 524063177	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CERYANEC, JOSEPH H.	
STREET ADDRESS	6400 C STREET SW, BOX 3177	
CITY-ST-ZIP	CEDAR RAPIDS, IA 524063177	
TITLE	GVPS	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES E	
STREET ADDRESS	6400 C STREET SW, BOX 3177	
CITY-ST-ZIP	CEDAR RAPIDS, IA 524063177	
TITLE	GVP	<input type="checkbox"/> Delete
NAME	MCGRAW, ROY C	
STREET ADDRESS	6400 C STREET SW PO BOX 3177	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52406	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	BURCKHARDT, KENNETH G	
STREET ADDRESS	6400 C STREET SW PO BOX 3177	
CITY-ST-ZIP	CEDAR RAPIDS, IA 52406	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Flinn /Secretary Date: 2/4/04 Daytime Phone #: 319-790-7744