


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90147 037 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |  |  |   |                               |
|---|--|--|--|---|-------------------------------|
| <b>DOCUMENT # F98000004089</b>  |  |  |  |  |                               |
| 1. Entity Name<br>MCLEODUSA INFORMATION SERVICES, INC.  |  |  |  |   |                               |
| Principal Place of Business<br>9012 NEW TRAILS DR<br>THE WOODLANDS, TX 77381-4254 US  |  |  | Mailing Address<br>6400 C STREET SW<br>P.O. BOX 3177<br>CEDAR RAPIDS, IA 52406-3177      |   |                               |
| 2. Principal Place of Business  |  |  | 3. Mailing Address   |   |                               |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |   |                               |
| City & State  |  |  | City & State   |   |                               |
| Zip   |  | Country  | Zip  |   | Country                       |
|   |  |  | 01032005 Chg-P CR2E034 (10/03)   |   |                               |
|   |  |  | 4. FEI Number<br>76-0529757  |   | Applied For<br>Not Applicable |
|   |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |                               |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |                               |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |  |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |                               |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                    |   |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>GRAY, STEPHEN C<br>6400 C STREET SW, BOX 3177<br>CEDAR RAPIDS, IA 524063177      | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | CEOD<br>DAVIS, CHINS A<br>6400 CS & SW<br>CEDAR RAPIDS, IA 524063177                   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VT<br>CERYANEC, JOSEPH H<br>6400 C STREET SW, BOX 3177<br>CEDAR RAPIDS, IA 524063177   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | GVPS<br>THOMPSON, JAMES E<br>6400 C STREET SW, BOX 3177<br>CEDAR RAPIDS, IA 524063177  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | GVP<br>MCGRRAW, ROY C<br>6400 C STREET SW PO BOX 3177<br>CEDAR RAPIDS, IA 52406        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | EVD<br>BURCKHARDT, KENNETH G<br>6400 C STREET SW PO BOX 3177<br>CEDAR RAPIDS, IA 52406 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                               |
| 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: <u>James Thompson</u>  |  | JAMES THOMPSON 4/28/05   |  |   |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #   |  |   |                               |