

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004089

FILED
Mar 19, 2009
Secretary of State

Entity Name: MCLEODUSA INFORMATION SERVICES, INC.

Current Principal Place of Business:

ONE MARTHA'S WAY
HIAWATHA, IA 522333177 US

New Principal Place of Business:

600 WILLOWBROOK OFFICE PARK
FAIRPORT, NY 14450 US

Current Mailing Address:

PO BOX 3177
HIAWATHA, IA 522333177

New Mailing Address:

600 WILLOWBROOK OFFICE PARK
FAIRPORT, NY 14450 US

FEI Number: 76-0529757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHESONIS, ARUNAS A
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: SECR () Delete
Name: SIEVING, CHARLES E
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: VP () Delete
Name: HAAS, WILLIAM A
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

Title: TREA () Delete
Name: WILSON, KEITH M
Address: ONE MARTHA'S WAY
City-St-Zip: HIAWATHA, IA 522333177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHESONIS, ARUNAS A
Address: 600 WILLOWBROOK OFFICE PARK
City-St-Zip: FAIRPORT, NY 14450

Title: SECR (X) Change () Addition
Name: O'CONNELL, MARY K
Address: 600 WILLOWBROOK OFFICE PARK
City-St-Zip: FAIRPORT, NY 14450

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: WILSON, KEITH M
Address: 600 WILLOWBROOK OFFICE PARK
City-St-Zip: FAIRPORT, NY 14450

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K O'CONNELL

SECR

03/19/2009

Electronic Signature of Signing Officer or Director

Date