

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90180 028 \*\*\*150.00

**DOCUMENT # F 99000005615**

1. Entity Name

McLeodUSA Publishing Company

Principal Place of Business

Mailing Address

6400 CS+SW

PO Box 3177

Cedar Rapids, IA 52406-3177

6400 CS+SW

PO Box 3177

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

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1295990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System  
 1200 South Pine Island Road  
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	Clark E. McLeod	
STREET ADDRESS	6400 CS+SW, PO Box 3177	
CITY-ST-ZIP	Cedar Rapids, IA 52406-3177	
TITLE	D	<input type="checkbox"/> Delete
NAME	Stephen C. Gray	
STREET ADDRESS	6400 CS+SW, PO Box 3177	
CITY-ST-ZIP	Cedar Rapids, IA 52406-3177	
TITLE	P CEO	<input type="checkbox"/> Delete
NAME	Arthur L. Christofferson	
STREET ADDRESS	6400 CS+SW, PO Box 3177	
CITY-ST-ZIP	Cedar Rapids, IA 52406-3177	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	J. Lyle Patrick	
STREET ADDRESS	6400 CS+SW, PO Box 3177	
CITY-ST-ZIP	Cedar Rapids, IA 52406-3177	
TITLE	VP Treas	<input type="checkbox"/> Delete
NAME	Ronald L. Wherstone	
STREET ADDRESS	6400 CS+SW, PO Box 3177	
CITY-ST-ZIP	Cedar Rapids, IA 52406-3177	
TITLE	VP Sec	<input type="checkbox"/> Delete
NAME	Randall Rings	
STREET ADDRESS	6400 CS+SW, PO Box 3177	
CITY-ST-ZIP	Cedar Rapids, IA 52406-3177	

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

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 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Randall Rings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall Rings, Secretary

4/23/01

Date

(314) 790-7775

Daytime Phone #

CR2E034 (11/00)