(9/01)

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## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** F99000005615 1. Entity Name 02-2002 90950 036 \*\*\*150 00 MCLEODUSA PUBLISHING COMPANY Principal Place of Business Mailing Address 00007.760 6400 C S & SW. P.O. BOX 3177 6400 C S & SW. P.O. BOX 3177 CEDAR RAPIDS IA 52406-3177 CEDAR RAPIDS IA 52406-3177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 42-1295990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Delete TITLE ☐ Change Addition CD NAME NAME MC LEOD, CLARK E STREET ADDRESS 6400 C S & SW, P.O. BOX 3177 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CEDAR RAPIDS IA 52406-3177 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GRAY, STEPHEN C STREET ADDRESS STREET ADDRESS 6400 C S & SW, P.O. BOX 3177 CITY-ST-ZIP CITY-ST-ZIP CEDAR RAPIDS IA 52406-3177 PCE0 D TITLE ☐ Delete TITLE ☐ Change Addition **PCEO** NAME NAME CHRISTOFFERSEN, ARTHUR L STREET ADDRESS STREET ADDRESS 6400 C S & SW. P.O. BOX 3177 CITY-ST-ZIP CITY-ST-ZIP CEDAR RAPIDS IA 52406-3177 CF0/C00/D Addition TITLE **Delete** TITLE ☐ Change chris A. Davis NAME NAME PATRICK, J. LYLE 6400 CS+SW STREET ADDRESS STREET ADDRESS 6400 C S & SW, P.O. BOX 3177 CITY-ST-ZIP CITY-ST-7IP Color Rupids, IA 52406-3177 CEDAR RAPIDS IA 52406-3177 **X** Delete ☐ Change Addition TITLE TITLE Joseph H. Ceryanea NAME NAME WHETSTINE, RONALD L 6408 CS+SW STREET ADDRESS STREET ADDRESS 6400 C S & SW, P.O. BOX 3177 Codar Rapids, It CITY-ST-ZIP CITY-ST-ZIE CEDAR RAPIDS IA 52406-3177 ☐ Delete Addition VPS NAME NAME RINGS, RANDALL STREET ADDRESS 6400 C S & SW, P.O. BOX 3177 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CEDAR RAPIDS IA 52406-3177

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN