

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90035 004 ***150.00

DOCUMENT # F99000005893 1. Entity Name FAIRPOINT CARRIER SERVICES, INC.					
Principal Place of Business 521 E. MOREHEAD STE 250 CHARLOTTE, NC 28202			Mailing Address C/O LISA R. HOOD 908 W. FRONTVIEW DODGE CITY, KS 67801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03262007 Chg-P CR2E034 (12/06)	
4. FEI Number 62-1729497				☐ 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, EUGENE B 521 E. MOREHEAD, STE 250 CHARLOTTE, NC 28202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOOD, LISA R 908 W. FRONTVIEW DODGE CITY, KS 67801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Hood, Lisa R. 908 W. Frontview Dodge City, KS 67801 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC LINN, SHIRLEY J 521 E. MOREHEAD, STE 250 CHARLOTTE, NC 28202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VP/SEC/Gen Counsel Linn, Shirley J. 521 E. Morehead, STE 250 Charlotte, NC 28202 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD LEACH, WALTER E JR 521 E. MOREHEAD, STE 250 CHARLOTTE, NC 28202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD HENRY, TIMOTHY W 521 E. MOREHEAD, STE 250 CHARLOTTE, NC 28202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC VP/CFD Crowley, John P. 521 E. Morehead, STE 250 Charlotte, NC 28202 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NIXON, PETER G 521 E. MOREHEAD, STE 250 CHARLOTTE, NC 28202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Lisa R. Hood</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/19/07 620-227-4400 Date Daytime Phone #			