

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005893

FILED
Jan 30, 2009
Secretary of State

Entity Name: FAIRPOINT CARRIER SERVICES, INC.

Current Principal Place of Business:

521 E. MOREHEAD
STE 250
CHARLOTTE, NC 28202

New Principal Place of Business:

Current Mailing Address:

C/O LISA R. HOOD
908 W. FRONTVIEW
DODGE CITY, KS 67801

New Mailing Address:

FEI Number: 62-1729497 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: CEOC () Delete
Name: JOHNSON, EUGENE B
Address: 521 E. MOREHEAD, STE 250
City-St-Zip: CHARLOTTE, NC 28202

Title: COO () Delete
Name: HOOD, LISA R
Address: 908 W. FRONTVIEW
City-St-Zip: DODGE CITY, KS 67801

Title: EVPS () Delete
Name: LINN, SHIRLEY J
Address: 521 E. MOREHEAD, STE 250
City-St-Zip: CHARLOTTE, NC 28202

Title: EVPC () Delete
Name: LEACH, WALTER E JR
Address: 521 E. MOREHEAD, STE 250
City-St-Zip: CHARLOTTE, NC 28202

Title: EVPC (X) Delete
Name: CROWLEY, JOHN P
Address: 521 E MOREHEAD STE 200
City-St-Zip: CHARLOTTE, NC 28202

Title: P () Delete
Name: NIXON, PETER G
Address: 521 E. MOREHEAD, STE 250
City-St-Zip: CHARLOTTE, NC 28202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SRVP (X) Change () Addition
Name: HOOD, LISA R
Address: 908 W. FRONTVIEW
City-St-Zip: DODGE CITY, KS 67801

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

Title: CFO (X) Change () Addition
Name: GIAMMARINO, ALFRED
Address: 521 E. MOREHEAD, STE 250
City-St-Zip: CHARLOTTE, NC 28202

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

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

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: LISA R. HOOD

Electronic Signature of Signing Officer or Director

SRVP

01/30/2009

Date