2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # G84025 1. Entity Name 01-30-2002 90043 014 ***150.00 WINDSTREAM UTILITIES COMPANY Principal Place of Business Mailing Address P.O. BOX 4201 3002 N.W. 10TH ST OCALA FL 34478 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2382672 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DLOUHY, SHARON Street Address (P.O. Box Number is Not Acceptable) 700 S.E. 49TH AVE. P.O.BOX 186 OCALA FL 34478 Zip Code City 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (9/01) PD ☐ Addition TITLE Change ☐ Delete NAME DLOUHY, SHARON DLOUHY, SHARON STREET ADDRESS 700 S.E. 49TH AVE. STREET ADDRESS P. O. BOX 186 CITY-ST-ZIP CITY-ST-ZIP OCALA FL OCALA, FL 34478 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME DLOUHY, L. E. STREET ADDRESS STREET ADDRESS P. O. BOX 186 CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34478 Delete Change Change ★ Addition TITLE TITLE D NAME NAME DLOUHY, LESLI STREET ADDRESS STREET ADDRESS 82 PECAN COURSE LOOP CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

an address, with all other like empowered

changed, or on an attachment,

SIGNATURE:

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 all other like empowered.

FILED