2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2004 8:00 am Secretary of State 01-22-2004 90007 046 ***158.75

DOCUMENT # G84025 1. Entity Name WINDSTREAM UTILITIES COMPANY							01-22-2004 90007 046 *** 138.73				
Principal Place of Business 3002 N.W. 10TH ST OCALA, FL 34475 US			Mailing Address P.O. BOX 4201 OCALA, FL 34478	P.O. BOX 4201			4400	1350	5		
2. Principal P	Place of Busine	ss	3. Mailing Address	3. Mailing Address						(#11 /4 (f 1 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E	034 (10/03)		
City & State			City & State	City & State		4. FEI Number 59-238	•		\ 	oplied For ot Applicable	
Zíp		Country	Zip	Cour	ntry		of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered	Agent	, , , , , , , , , , , , , , , , , , , 	
DLOUHY, 700 S.E. 4 P.O.BOX 1 OCALA, FI	9TH AVE. 186			(P.O. Box Numb	er is Not Acceptable	FI	Zip Cod	e			
	e named entity tions of registe		nt for the purpose of changing it	s register	ed office or registe	ered agent, or bo	th, in the State of Flo			and accept	
0.0.0.0.0.0.0	Signature, typed or	printed name of registered a	agent and title if applicable. (NO	TE: Registere	ed Agent signature require	ed when reinstating)	,	DATE			
After Ma	E NOW!!! (ay 1, 2004	FEE IS \$150.00 Fee will be \$5	50.00 Trust Fund Cor	ntribution.	☐ Ad	5.00 May Be ded to Fees				•	
10.	I DD	OFFICERS A	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	PD DLOUHY, S P.O. BOX OCALA, FL	186	☐ Delete		!				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DLOUHY, I PO,BOX 18 OCLA, FL	36	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS-		COURSE LCOP	☐ Delete		1E EET ADDRESS	ارد. التحديد التعديد ا	عدد چارس		☐ Change	Addition	
CITY-ST-ZIP TITLE	OCALA, FL	34472	Delete	CITY	E E				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					NE EET ADDRESS '-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete		IE EET ADDRESS				☐ Change	Addition	
CITY-ST-ZIP TITLE			☐ Delete	TOTAL	1				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				CITY	EET ADDRESS '-ST-ZIP					· .	
of the cor	rporation or the	e receiver or trustee e	with this filing does not qualify for is true and accurate and that empowered to execute this reposes, with all other like empowered.	rt as requ	emption stated in S iture shall have the ired by Chapter 60	ection 119.07(3)(same legal effec 07, Florida Statute	i), Florida Statutes. I et as if made under d es; and that my name	further ce bath; that I e appears	rtify that the in am an officer in Block 10 or	nformation or director r Block 11 if	