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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000046

1. Entity Name
WILTEL COMMUNICATION, LLC

Principal Place of Business	Mailing Address
ONE TECHNOLOGY CENTER TULSA, OK 74103	ONE TECHNOLOGY CENTER TULSA, OK 74103

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 73-1349451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Make Check Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SEMPLE, FRANK M ONE TECHNOLOGY CENTER TULSA, OK 74103	X ☐ Delete	MGR Jeff K. Storey One Technology Center Tulsa, OK 74103	☐ Change	X ☐ Addition
	MGR BUMGARNER, JOHN C JR ONE TECHNOLOGY CENTER TULSA, OK 74103	X ☐ Delete	MGR Mardi Ford de Verges same	☐ Change	X ☐ Addition
	MGR JANZEN, HOWARD E ONE TECHNOLOGY CENTER TULSA, OK 74103	X ☐ Delete	MGR Ken K. Kinnear same	☐ Change	X ☐ Addition
	MGR SCHUBERT, SCOTT E ONE TECHNOLOGY CENTER TULSA, OK 74103	X ☐ Delete		☐ Change	☐ Addition
		☐ Delete	400022026574 08/04/03--01026--009	☐ Change	☐ Addition **50.00
		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MFdeVerges Mardi Ford de Verges, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #