

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002875

FILED  
Jan 07, 2010  
Secretary of State

Entity Name: WINDSTREAM SUPPLY, LLC

**Current Principal Place of Business:**

4001 RODNEY PARHAM RD  
LITTLE ROCK, AR 72212

**New Principal Place of Business:**

**Current Mailing Address:**

4001 RODNEY PARHAM RD  
LITTLE ROCK, AR 72212

**New Mailing Address:**

FEI Number: 31-4359937

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMAS, ANTHONY  
Address: 4001 RODNEY PARHAM RD  
City-St-Zip: LITTLE ROCK, AR 72212

Title: MGR  
Name: GARDNER, JEFFERY R  
Address: 4001 RODNEY PARHAM RD  
City-St-Zip: LITTLE ROCK, AR 72212

Title: MGR  
Name: FLETCHER, JOHN P  
Address: 4001 RODNEY PARHAM RD  
City-St-Zip: LITTLE ROCK, AR 72212

Title: MGR  
Name: CRANE, RICHARD J  
Address: 4001 RODNEY PARHAM RD  
City-St-Zip: LITTLE ROCK, AR 72212

Title: MGR  
Name: BRADLEY, SUSAN  
Address: 4001 RODNEY PARHAM RD  
City-St-Zip: LITTLE ROCK, AR 72212

Title: MGR  
Name: SCHUENEMAN, FRANK  
Address: 4001 RODNEY PARHAM RD  
City-St-Zip: LITTLE ROCK, AR 72212

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID CAMERON

AS

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date