

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000001442**

1. Entity Name  
**KMC FINANCIAL SERVICES LLC**



Principal Place of Business

**C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON, DE 19801**

Mailing Address

**1545 ROUTE 206  
SUITE 300  
BEDMINSTER, NJ 07921**



04272004 No Chg-LLC

CF2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3617465**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KMC TELECOM HOLDINGS, INC.  
1545 ROUTE 206, SUITE 300  
BEDMINSTER, NJ 07921**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/05/04-80035-006 50.00

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Gary Wagner**

**4/27/04 (908) 470-2100**

Date

Daytime Phone #