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0522515

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23464**

1. Corporation Name
ITC DELTACOM COMMUNICATIONS, INC.

Principal Place of Business
113 S MAIN ST
ARAB AL 35016

Mailing Address
DELTA COM, INC.
500 BOULEVARD SOUTH, SUITE 203
HUNTSVILLE AL 35802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1989

4. FEI Number
63-0832070
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired ✓ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This Corporation owes the current year Intangible Personal Property Tax ✓ Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	MCDONALD, FOSTER	
STREET ADDRESS	206 W 9TH ST	
CITY-ST-ZIP	WEST POINT GA	
TITLE	SD	[ ] DELETE
NAME	MULLIS, TOM	
STREET ADDRESS	700 BLVD SOUTH STE 101	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	T	[ ] DELETE
NAME	PLUNKETT, SARA	
STREET ADDRESS	500 BLVD SOUTH STE 203	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	C	[ ] DELETE
NAME	LANIER, CAM B	
STREET ADDRESS	1239 O G SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	D	[ ] DELETE
NAME	SCOTT, WILLIAM H	
STREET ADDRESS	1239 O G SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	D	[ ] DELETE
NAME	WALKER, ANDREW W	
STREET ADDRESS	206 WEST NINTH STREET	
CITY-ST-ZIP	WEST POINT GA 31833	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VCFO	[ ] Change ✓ Add
12 NAME	Doug Shumate	
13 STREET ADDRESS	206 West 9th Street	
14 CITY-ST-ZIP	West Point, GA 31833	
21 TITLE		[ ] Change [ ] Add
22 NAME	200002862082-- 9	
23 STREET ADDRESS	-05/04/99--01065--009	
24 CITY-ST-ZIP	****150.00 ****150.00	
31 TITLE		[ ] Change [ ] Add
32 NAME	200002862082-- 9	
33 STREET ADDRESS	-05/04/99--01065--010	
34 CITY-ST-ZIP	******8.75 ******8.75	
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara Plunkett — 4/26/99 — 256-382-3918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (11/98)