

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23464

1. Entity Name  
ITC ^ DELTACOM COMMUNICATIONS, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90145 034 \*\*\*150.00

Principal Place of Business  
4092 S. MEMORIAL PARKWAY  
HUNTSVILLE AL 35802  
US

Mailing Address  
4092 S. MEMORIAL PARKWAY  
HUNTSVILLE AL 35802  
US

80044709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 63-0832070		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCDONALD, FOSTER			NAME	Sara L. Plunkett		
STREET ADDRESS	4092 S. MEMORIAL PARKWAY			STREET ADDRESS	4092 South Memorial Pkwy		
CITY-ST-ZIP	HUNTSVILLE AL 35802			CITY-ST-ZIP	Huntsville, AL 35802		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLIS, TOM			NAME			
STREET ADDRESS	4092 S. MEMORIAL PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	HUNTSVILLE AL 35802			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDRICKSON, IVOR			NAME			
STREET ADDRESS	4092 S. MEMORIAL PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	HUNTSVILLE AL 35802			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANIER, CAM B			NAME			
STREET ADDRESS	1239 O G SKINNER DR			STREET ADDRESS			
CITY-ST-ZIP	WEST POINT GA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, WILLIAM H			NAME			
STREET ADDRESS	1239 O G SKINNER DR			STREET ADDRESS			
CITY-ST-ZIP	WEST POINT GA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, ANDREW W			NAME	Andrew M Walker		
STREET ADDRESS	206 WEST NINTH STREET			STREET ADDRESS	1791 O.G. Skinner Dr.		
CITY-ST-ZIP	WEST POINT GA 31833			CITY-ST-ZIP	West Point, GA 31833		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara L. Plunkett 4-25-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)