2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P23464

Entity Name: DELTACOM, INC.

Current Principal Place of Business:

7037 OLD MADISON PIKE
SUITE 400
HUNTSVILLE, AL 35806 US

New Principal Place of Business:

Current Mailing Address:

7037 OLD MADISON PIKE
SUITE 400
HUNTSVILLE, AL 35806 US

New Mailing Address:

FEI Number: 63-0832070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	PLUNKETT, SARA L	
Address:	7037 OLD MADISON PIKE, SUITE 400	
City-St-Zip:	HUNTSVILLE, AL 35806	
Title:	SEC	( ) Delete
Name:	MULLIS, THOMAS J	
Address:	7037 OLD MADISON PIKE, SUITE 400	
City-St-Zip:	HUNTSVILLE, AL 35806	
Title:	CEO	( ) Delete
Name:	CURRAN, RANDALL	
Address:	7037 OLD MADISON PIKE, SUITE 400	
City-St-Zip:	HUNTSVILLE, AL 35806	
Title:	CFO	( ) Delete
Name:	FISH, RICHARD L	
Address:	7037 OLD MADISON PIKE, SUITE 400	
City-St-Zip:	HUNTSVILLE, AL 35806	
Title:	DIR	( ) Delete
Name:	SWANI, SANJAY	
Address:	320 PARK AVENUE, SUITE 2500	
City-St-Zip:	NEW YORK, NY 10022	
Title:	DIR	( ) Delete
Name:	MCINERNEY, THOMAS E	
Address:	320 PARK AVENUE, SUITE 2500	
City-St-Zip:	NEW YORK, NY 10022	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA PLUNKETT VP 06/15/2009

Electronic Signature of Signing Officer or Director Date