FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001471810
-05/02/95--01151--017
****200.00 ****200.00

DOCUMENT # **P33631** **(3)**

1. Corporation Name
BUSINESS TELECOM, INC.

Principal Place of Business	Mailing Address
5000 FALLS OF THE NEUSE SUITE 400 RALEIGH NC 27609 US	5000 FALLS OF THE NEUSE SUITE 400 RALEIGH NC 27609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4300 Six Forks Road	26 4300 Six Forks Road
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Raleigh, NC	City & State 28 Raleigh, NC
Zip 24 27609 Country 25 USA	Zip 29 27609 Country 30 USA

4. FEI Number: 56-1426866 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name: HIQ Corporate Services, Inc. 02 Street Address (P.O. Box Number is Not Acceptable): 526 Park Avenue 03 Suite 200 04 City: Tallahassee (Co. of Leon) FL 05 Zip Code: 32301

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: HIQ CORPORATE SERVICES, INC. BY: [signature] PRESIDENT 4/28/95
Signature, typed or printed name of registered agent and title of officer, if any — (CR2E031 Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDP	11 TITLE	Chairman of Bd/President	☒ Change ☐ Addition
NAME	LOFTIN, PETER	12 NAME	Peter T. Loftin	
STREET ADDRESS	5000 FALLSOFNEUSE RD#400	13 STREET ADDRESS	4300 Six Forks Road, Suite 500	
CITY ST ZIP	RALEIGH NC	14 CITY ST ZIP	Raleigh, NC 27609	
TITLE	DS	21 TITLE	Director/VP Marketing, Secy	☒ Change ☐ Addition
NAME	ANDREWS, ALEX	22 NAME	Kimberly K. Chapman	
STREET ADDRESS	5000 FALLSOFNEUSE RD#400	23 STREET ADDRESS	4300 Six Forks Road, Suite 500	
CITY ST ZIP	RALEIGH NC	24 CITY ST ZIP	Raleigh, NC 27609	
TITLE	T	31 TITLE	Director/VP Operations	☒ Change ☐ Addition
NAME	LOFTIN, PETER	32 NAME	Michael Newkirk	
STREET ADDRESS	5000 FALLSOFNEUSE RD#400	33 STREET ADDRESS	4300 Six Forks Road, Suite 500	
CITY ST ZIP	RALEIGH NC	34 CITY ST ZIP	Raleigh, NC 27609	
TITLE	V	41 TITLE	Director/VP Finance, Treas.	☒ Change ☐ Addition
NAME	BROWN, RICHARD	42 NAME	Richard E. Brown	
STREET ADDRESS	5000 FALLSOFNEUSE RD#400	43 STREET ADDRESS	4300 Six Forks Road, Suite 500	
CITY ST ZIP	RALEIGH NC	44 CITY ST ZIP	Raleigh, NC 27609	
TITLE		51 TITLE	VP General Counsel	☐ Change ☒ Addition
NAME		52 NAME	Anthony Copeland	
STREET ADDRESS		53 STREET ADDRESS	4300 Six Forks Road, Suite 500	
CITY ST ZIP		54 CITY ST ZIP	Raleigh, NC 27609	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Anthony Copeland 919-510-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

04/7684 FF