FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

BUSINESS TELECOM, INC.

Principal Place of Business	Mailing Address
4300 SIX FORKS ROAD SUITE 500 RALEIGH NC 27609 US	4300 SIX FORKS ROAD SUITE 500 RALEIGH NC 27609 US

3. Date Incorporated or Qualified: **04/16/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 4300 Six Forks Road
22 Suite, Apt. #, etc. Suite 500
23 City & State Raleigh, NC
24 Zip 27609 25 Country USA

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

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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 PARK AVE.
SUITE 200
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOFTIN, PETER		1.2 NAME	
STREET ADDRESS	4300 SIX FORKS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609		1.4 CITY-ST-ZIP	
TITLE	DVM	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, KIMBERLY		2.2 NAME	
STREET ADDRESS	4300 SIX FORKS ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWKIRK, MICHAEL		3.2 NAME	
STREET ADDRESS	4300 SIX FORKS ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609		3.4 CITY-ST-ZIP	
TITLE	DVFT	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, RICHARD		4.2 NAME	
STREET ADDRESS	4300 SIX FORKS ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609		4.4 CITY-ST-ZIP	
TITLE	VGC	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COPELAND, ANTHONY		5.2 NAME	
STREET ADDRESS	4300 SIX FORKS ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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] Michael Newkirk 4/24/96 919-510-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #