

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90012 036 \*\*\*550.00

**DOCUMENT # P33631**  
 1. Entity Name  
**BUSINESS TELECOM, INC.**

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>56-1426866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HIQ CORPORATE SERVICES, INC.**  
**526 PARK AVE.**  
**SUITE 200**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	CEO	<input type="checkbox"/> Delete
NAME	LOFTIN, PETER	
STREET ADDRESS	4300 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	COD	<input type="checkbox"/> Delete
NAME	NEWKIRK, MICHAEL	
STREET ADDRESS	4300 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	SGC	<input type="checkbox"/> Delete
NAME	COPELAND, ANTHONY	
STREET ADDRESS	4300 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROBBINS, LARRY E	
STREET ADDRESS	4300 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BRANSON, BRIAN K.	
STREET ADDRESS	4300 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC 27609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *[Signature]* **REQUIRED** **9/6/00** **919-863-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)