

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90499 028 ***150.00

DOCUMENT # **P33631**

1. Entity Name
BUSINESS TELECOM, INC.

Principal Place of Business 4300 SIX FORKS ROAD RALEIGH NC 27609 US	Mailing Address 4300 SIX FORKS ROAD RALEIGH NC 27609 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **56-1426866** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 22, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Loftin, Peter 4660 Falls of Neuse Rd, Ste 138 Raleigh, NC 27615	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Director Joseph W. Cece 4300 Six Forks Rd. Raleigh, NC 27609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Director J.W. Braukman 4300 Six Forks Rd. Raleigh, NC 27609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. VP Thomas S. Erdman 4300 Six Forks Rd. Raleigh, NC 27609	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: _____ **6/18/02** **919-863-7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR