## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 13, 2004 8:00 am Secretary of State

DOCUMENT # P33631  1. Entity Name BUSINESS TELECOM, INC.							05-13-2004	90008 0	31 ***15	0.00
Principal Place 4300 SIX FOI RALEIGH, NC	RKS ROAD	Mailing Address 4300 SIX FORKS ROAD RALEIGH, NC 27609 US						BIBIA BIBIA BIBIA	<b>                                     </b>	1881 († 1881
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04262004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State				4. FEI Number 56-1426	366		<del></del>	plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired			S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent _				-7. Name and A	ddress of New Re	egistered A	gent	
Nam										
HIQ CORPORATE SERVICES, INC. 526 PARK AVE. SUITE 200				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301										
				City		FL Zip Code				
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or i	register	ed agent, or both,	in the State of Flo	rida. Tam fa	imiliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title it applicable. (NOT	E: Registore	d Agent signatur	re required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa OO Trust Fund Cont		ncing		00 May Be ad to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE	D	Delete	TITLE	i		AIRMAN/			Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	LOFTIN, PETER 4660 FALLS OF NEUSE RD ST RALEIGH, NC 27615	≣ 138		E ET ADORESS - ST- ZIP	179	RY F WILL 1 0.6. SK	LIAMS INNER DR GA-315	1VF		
ATLE	CEO	<b>⊠</b> Delete	TITLS				USINESS SE		☐ Change	Addition
NAME	CECE, JOSEPH W	<b>Land Delicite</b>	NAM			REW MIL		K 1 1 2 - 3		
STREET ADORESS	4300 SIX FORKS ROAD		STRE	ET ADDRESS			INNER DR	IVE		
CHY-ST-ZIP	RALEIGH, NC 27609		CITY	- ST-ZIP	WE	ST POINT,	GA-319	333		
TITLE NAME	<del>OFOC</del> COO BRAUKMAN, J W	☐ Delete	HTLE NAM	£ _	511	P/GENER,	AL COUNSE		Change	Addition
STREET ADDRESS_	4300 SIX FORKS RD	-	STRE	ET ADDRESS	1.00	THOMAS A	OLAL DENV	. Marate	ULLE.	
CITY-ST-ZIP	RALEIGH, NC 27609		City	- ST-ZIP	409 	2 2. WEND	RIAL PKWY		11-35	802
TOLE	s	🔀 Delete	TITLE	E.	TR	EASURER			Change	<b>X</b> Addition
NAME	BULLOCK, BRUCE R 4300 SIX FORKS RD		MAM	E ET ADDRESS	IV	OR FRED	RICKSON			
STREET ADDRESS CITY-ST-ZIP	RALEIGH, NC 27609			-SI-ZIP	409	25.7127	40RIAL PK E, AL-3	5002		
TITLE	TOTAL CONTINUE OF THE PROPERTY	☐ Delete	TITLE		DIP.	ECTOR	F, 76-3	2002	Change	Addition
NAME		LI Delete	NAM	1		IJAY SWA	NI			
STREET ADDRESS CHY-ST-ZIP				ET ADDRESS -ST-ZIP	320	PARK AV	e, ste 25	100		
		☐ Delete	FI'IL		DIE	W JOKK,	NY-1002	<u> </u>	Change	Addition
NAME		CT Delete	NAM	1					onungo.	,
STREET ADDRESS				ET ADDRESS	179	106.5	CARLEY INNER DE	RIVE		
CHY-S1-ZIP				-S1-ZIP	WE	ST POINT	6A-318	83 <u>3</u> _		
12. Thereby	certify that the information supplied wi	h this filing does not qualify fo	or the exe	mption state	ed in Se	ection 119.07(3)(i)	Florida Statutes	further cert	ify that the ir	nformation

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

SIGNATURE: