


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-13-2004 90008 031 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		--7. Name and Address of New Registered Agent	
HIQ CORPORATE SERVICES, INC. 526 PARK AVE. SUITE 200 TALLAHASSEE, FL 32301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOFTIN, PETER 4660 FALLS OF NEUSE RD STE 138 RALEIGH, NC 27615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN/CEO LARRY F WILLIAMS 1791 O.G. SKINNER DRIVE WEST POINT, GA-31833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CECE, JOSEPH W 4300 SIX FORKS ROAD RALEIGH, NC 27609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/BUSINESS SERVICES ANDREW M. WALKER 1791 O.G. SKINNER DRIVE WEST POINT, GA-31833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO COO BRAUKMAN, J W 4300 SIX FORKS RD RALEIGH, NC 27609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP/GENERAL COUNSEL J. THOMAS MULLIS 4092 S. MEMORIAL PKWY, HUNTSVILLE, AL-35802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BULLOCK, BRUCE R 4300 SIX FORKS RD RALEIGH, NC 27609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER IVOR FREDRICKSON 4092 S. MEMORIAL PKWY, HUNTSVILLE, AL-35802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR SANJAY SWANI 320 PARK AVE, STE 2500 NEW YORK, NY-10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GERALD MCCARLEY 1791 O.G. SKINNER DRIVE WEST POINT, GA-31833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ivor Fredrickson</u>		Date: <u>4/29/04</u> Daytime Phone #: <u>254.302.3970</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	