

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90156 005 ***150.00



DOCUMENT # P33631

1. Entity Name
BUSINESS TELECOM, INC.

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

2. Principal Place of Business **1037 Old Madison Pike** 3. Mailing Address **same as #2**

Suite, Apt. #, etc. **400** Suite, Apt. #, etc.

City & State **Huntsville, AL** City & State

Zip **35806** Country **Madison** Zip Country



04222005 Chg-P CR2E034 (10/03)

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WILLIAMS, LARRY F <input checked="" type="checkbox"/> Delete 1791 O.G. SKINNER DRIVE WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBS <input checked="" type="checkbox"/> Delete WALKER, ANDREW M 1791 O.G. SINNER DRIVE WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO <input checked="" type="checkbox"/> Delete BRAUKMAN, J W 4300 SIX FORKS RD RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete FREDRICKSON, IVOR 4092 S. MEMORIAL PKWY HUNTSVILLE, AL 35802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWANI, SANJAY 320 PARK AVE., STE 2500 NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCCARLEY, GERALD 1791 O.G. SKINNER DRIVE WEST POINT, GA 31833

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Randall Curran 1791 O.G. Skinner Dr West Point, GA 31833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sara Plunkett 1037 Old Madison Pike, Suite 400 Huntsville, AL 35806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J. Thomas Mullis 1037 Old Madison Pike Suite 400 Huntsville, AL 35806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Sara Plunkett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-05** 256-382-3918
 Daytime Phone #