

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 009 ***150.00

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1. Entity Name
FAIRPOINT CARRIER SERVICES, INC.



Principal Place of Business
**521 E. MOREHEAD
STE 250
CHARLOTTE, NC 28202**

Mailing Address
**C/O LISA R. HOOD
908 W. FRONTVIEW
DODGE CITY, KS 67801**

40020010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

62-1729497

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**CEOD
JOHNSON, EUGENE B
521 E. MOREHEAD, STE 250
CHARLOTTE, NC 28202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HOOD, LISA R
908 W. FRONTVIEW
DODGE CITY, KS 67801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SGC
LINN, SHIRLEY J
521 E. MOREHEAD, STE 250
CHARLOTTE, NC 28202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCFO
LEACH, WALTER E JR
521 E. MOREHEAD, STE 250
CHARLOTTE, NC 28202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Exec. VP/Corp. Development ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTAS
HENRY, TIMOTHY W
521 E. MOREHEAD, STE 250
CHARLOTTE, NC 28202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Exec. VP/CFD
John P. Crowley
521 E. Morehead, Ste. 250
Charlotte, NC 28202** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**COO
NIXON, PETER G
521 E. MOREHEAD, STE 250
CHARLOTTE, NC 28202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lisa R. Hood

Lisa R. Hood

2/23/06

620-227-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #