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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
93023	MCLEODUSA TELECOMMUNICATIONS SERVICES, INC.			
3. Street Address Principal Business Office: ONE MARTHA'S WAY		City: HIAWATHA	State: IA	Zip: 52233-3177
4. Business Phone No.: 319-790-6154	5. State of Incorporation: IOWA			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ARUNAS A. CHESONIS	ONE PAETEC PLAZA, 600 WILLOWBROOK OFFICE PARK	FAIRPORT	NY	14450

Vice President Name	Street Address	City	State	Zip
KEITH M. WILSON	ONE PAETEC PLAZA, 600 WILLOWBROOK OFFICE PARK	HIAWATHA	NY	14450

Secretary Name	Street Address	City	State	Zip
CHARLES E. SIEVING	ONE PAETEC PLAZA, 600 WILLOWBROOK OFFICE PARK	FAIRPORT	NY	14450

Treasurer Name	Street Address	City	State	Zip
KEITH M. WILSON	ONE PAETEC PLAZA, 600 WILLOWBROOK OFFICE PARK	FAIRPORT	NY	14450

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
CHARLES E. SIEVING	ONE PAETEC PLAZA, 600 WILLOWBROOK OFFICE PARK	FAIRPORT	NY	14450

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 2-26-08

CHARLES E. SIEVING
Print or Type Name

VICE PRESIDENT, SECRETARY AND DIRECTOR
Title

[redacted]

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File Date
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