



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112002		2. Name of Corporation ACN Communication Services, Inc.		
3. Street Address Principal Business Office 32991 Hamilton Court		City Farmington Hills	State MI	Zip 48334
4. Business Phone No. 248 699-4000		5. State of Incorporation MICHIGAN		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING AND RESALING OF LOCAL AND LONG DISTANCE PHONE SERVICES AND PAGING SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Dore Stepanowski		Vice President Name Daniel Crowley		
Street Address 32991 Hamilton Court		Street Address 32991 Hamilton Court		
City Farmington Hills	State MI	Zip 48334	City Farmington Hills	State MI
Secretary Name James Mulcahy		Treasurer Name James Mulcahy		
Street Address 32991 Hamilton Court		Street Address 32991 Hamilton Court		
City Farmington Hills	State MI	Zip 48334	City Farmington Hills	State MI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Dore Stepanowski		Director Name James Mulcahy		
Street Address 32991 Hamilton Court		Street Address 32991 Hamilton Court		
City Farmington Hills	State MI	Zip 48334	City Farmington Hills	State MI
Director Name Charles Barker		Director Name		
Street Address 32991 Hamilton Court		Street Address		
City Farmington Hills	State MI	Zip 48334	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
60,000 NO PAR VALUE	Common		1,000	Common
				None
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



112002

File Date 2.17.05
Check No. 339
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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 of Officer [Signature] Date _____
Print or Type Name of Officer Daniel Crowley
Vice President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. (112002), Name of Corporation (ACN Communication Services, Inc.), Street Address (32991 Hamilton Ct.), Business Phone No. (248 699-4000), State of Incorporation (MICHIGAN), Brief Description of Business (PURCHASING AND RESALING OF LOCAL AND LONG DISTANCE PHONE SERVICES AND PAGING SERVICES), Names and Addresses of Officers (President: David Stevanovski, Vice President: Daniel Crowley, Secretary: James Mulcahy, Treasurer: James Mulcahy), Names and Addresses of Directors (James Mulcahy, David Stevanovski, Charles Becker), Shares Authorized (60,000), Shares Issued (1,000).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 112002 *

FOR SECRETARY OF STATE USE ONLY
File Date: 2-27-04
Check No.: 15961
By: [Signature]

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 of Officer: James Mulcahy
Date:
Print or Type Name of Officer: Sec. 1705
Title of Officer:

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **112002** 2. Name of Corporation **ACN Communication Services, Inc.**

3. Street Address Principal Business Office **32991 Hamilton Court** City **Farmington Hills** State **MI** Zip **48334**

4. Business Phone No. **(248) 699-4000** 5. State of Incorporation **MICHIGAN**

7. Brief Description of the Character of Business Conducted in Rhode Island
Reseller of long Distance Phone Service.

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

President Name **Jeff Swenson**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

Vice President Name **Daniel Crowley**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

Secretary Name **James Mulcahy**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

Treasurer Name **James Mulcahy**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

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

Director Name **David Stevanovski**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

Director Name **Charles Barker**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

Director Name **James Mulcahy**
Street Address **32991 Hamilton Court**
City **Farmington Hills** State **MI** Zip **48334**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	60,000	NO PAR VALUE	Common None

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2-28-03
Check No.: 10402
By: [Signature]

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 of Officer: [Signature] Date: 2-24-03
Print or Type Name of Officer: Daniel Crowley
Title of Officer: Vice President, Finance



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112002 2. Name of Corporation ACN Communication Services, Inc.
3. Street Address Principal Business Office 32991 Hamilton Court City Formington Hills State MI Zip 48334
4. Business Phone No. (248) 699-4000 5. State of Incorporation MICHIGAN 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island Reseller of Long Distance Phone Service.

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

President Name Robert Stevanovski Vice President Name Nate Thompkins
Street Address 11515 Vanstony Drive, Suite 140 Street Address 32991 Hamilton Court
City Huntersville State NC Zip 28078 City Formington Hills State MI Zip 48334
Secretary Name Nate Thompkins Treasurer Name Jayne Diorka
Street Address 32991 Hamilton Court Street Address 32999 Hamilton Court
City Formington Hills State MI Zip 48334 City Formington Hills State MI Zip 48334

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

Director Name Greg Provenzano Director Name Robert Stevanovski
Street Address 11515 Vanstony Dr, Suite 140 Street Address 11515 Vanstony Dr, Suite 140
City Huntersville State NC Zip 28078 City Huntersville State NC Zip 28078
Director Name Anthony Cupisz Director Name David Stevanovski
Street Address 32991 Hamilton Court Street Address 32991 Hamilton Court
City Formington Hills State MI Zip 48334 City Formington Hills State MI Zip 48334

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
60,000 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
1,000	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 2 0 0 2 *

File Date: 3-26-02
Check No.: 60115
By: [Signature]

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] 3/6/02
Signature of Officer Date
Nate Thompkins
Print or Type Name of Officer
Vice President & Secretary
Title of Officer

Directors and Officers of ACN Communication Services, Inc.

1. Greg Provenzano, Director
11515 Vanstory Drive Ste 140
Huntersville, North Carolina 28078
Phone: (704) 632-4805
2. Robert Stevanovski, Director and CEO and President
11515 Vanstory Drive Ste 140
Huntersville, North Carolina 28078
Phone: (704) 632-4805
3. Charles Barker, CEO North America
32991 Hamilton Court
Farmington Hills, MI 48334
Phone (248) 699-3387
4. Anthony Cupisz, Director
32991 Hamilton Court
Farmington Hills, Michigan 48334
Phone: (248) 699-3386
5. J.D. Sullivan, Director
32991 Hamilton Court
Farmington Hills, MI 48334
Phone: (248) 699-3385
6. David Stevanovski, Director
32991 Hamilton Court
Farmington Hills, MI 48334
Phone: (704) 699-3404
6. Jayne Diorka – CFO, Vice President and Treasurer
32991 Hamilton Court
Farmington Hills, MI 48334
Phone (248) 699-3411
7. Nate Thompkins, Vice President and Secretary
32991 Hamilton Court
Farmington Hills, MI 48334
(248) 699-3543



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **112002** 2. Name of Corporation **ACN Communication Services, Inc.**

3. Street Address Principal Business Office **32991 Hamilton Court** City **Farmington Hills** State **MI** Zip **48334**
4. Business Phone No. **(248) 699-4000** 5. State of Incorporation **MICHIGAN** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Reseller of long distance phone service.

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

President Name Robert Stevanovski	Vice President Name - CFO
Street Address 11515 Vanstony Drive, Ste. 140	Street Address Jayne Diorka
City Huntersville NC	City Farmington Hills MI
State NC	State MI
Zip 28078	Zip 48334
Secretary Name Jayne Diorka	Treasurer Name Jayne Diorka
Street Address 32991 Hamilton Court	Street Address 32991 Hamilton Court
City Farmington Hills MI	City Farmington Hills MI
State MI	State MI
Zip 48334	Zip 48334

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

Director Name Greg Prorenzano	Director Name Anthony Cupisz
Street Address 11515 Vanstony Drive Ste. 140	Street Address 32991 Hamilton Court
City Huntersville NC	City Farmington Hills MI
State NC	State MI
Zip 28078	Zip 48334
Director Name Robert Stevanovski	Director Name David Stevanovski & J.D. Sullive
Street Address 11515 Vanstony Drive Ste. 140	Street Address 32991 Hamilton Court
City Huntersville NC	City Farmington Hills MI
State NC	State MI
Zip 28078	Zip 48334

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
60,000	NO	PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 2 0 0 2 *

File Date: 2/13
Check No.: 25369
By: [Signature]

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 of Officer: [Signature] Date: _____
Print or Type Name of Officer: Jayne Diorka
Title of Officer: CFO, VP, Sec. & Treas