



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No 112146		2. Exact name of the limited liability company Altec Capital Services, LLC	
3. State of Formation ALABAMA		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING AND FINANCING OF PARENT CO (ALTEL) EQUIPMENT	
5. Principal office address 33 INVERNESS CENTER PARKWAY, STE 200		City BIRMINGHAM	State AL
		Zip 35242	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EUGENE SHARPE II		Contact Title SENIOR ACCOUNTANT	
Street Address 33 INVERNESS CENTER PARKWAY, STE 200		City BIRMINGHAM	State AL
		Zip 35242	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name ALTEC, INC		Manager Name	
Street Address 210 INVERNESS CENTER DRIVE		Street Address	
City BIRMINGHAM	State AL	City	State
Zip 35242		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CAPITOL CORPORATE SERVICES, INC		Address	
Address 222 JEFFERSON BOULEVARD, STE 200		City WARWICK	Zip 02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

112146

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.

File Date	6-23-08
Check No.	040613
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person:   
Date: 6-11-08  
Print or Type Name of Authorized Person: JERRY MOORE, TREASURER