



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106226		2. Exact name of the limited liability company BT COMMUNICATIONS SALES LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RESALE OF TELECOMMUNICATIONS SERVICES			
5. Principal office address 11740 Commerce Drive		City Reston	State VA	Zip 20191	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michelle Gallagher			Contact Title Corporate Governance		
Street Address 11440 Commerce Park		City Reston	State VA	Zip 20191	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name BT Americas Inc			Manager Name		
Street Address 350 Madison Ave			Street Address		
City NY	State NY	Zip 10017	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888	

09 OCT -4 AM 10:12  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\*106226\*

File Date	10/14/05
Check No.	21377
By:	
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 Authorized Person      Date 9/26/05  
 Andrew McCawley - CFO  
 Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106226		2. Exact name of the limited liability company BT COMMUNICATIONS SALES LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RESALE OF TELECOMMUNICATIONS SERVICES			
5. Principal office address 11440 Commerce Park Drive		City Roxbury	State VA	Zip 20191	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Linda J. Cicco			Contact Title Regulatory Compliance Manager		
Street Address 11440 Commerce Park Drive, #200		City Roxbury	State VA	Zip 20191	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name BTi, American Inc.			Manager Name		
Street Address 11440 Commerce Park Dr.			Street Address		
City Roxbury	State VA	Zip 20191	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 0 6 2 2 6 \*

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 12/20/04  
Check No. 14272  
By: LS  
FOR SECRETARY OF STATE USE ONLY

Linda J. Cicco 12-13-04  
Signature of Authorized Person Date  
LINDA J. CICCO  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106226		2. Exact name of the limited liability company BT Communications Sales LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Telecommunications services	
5. Principal office address 11440 Commerce Park Drive		City Reston	State VA
Zip 20190			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michelle Gallagher		Contact Title Corporate Governance Specialist	
Street Address 11440 Commerce Park Drive		City Reston	State VA
Zip 20190			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name BT Americas Inc.		*Manager Name	
Street Address 350 madison Avenue		*Street Address	
City New York	State NY	Zip 10017	*City
*State		*State	
*Zip		*Zip	
*Manager Name		*Manager Name	
*Street Address		*Street Address	
*City		*City	
*State		*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 Corporation Service Company		Address 170 Westminster Street, Suite 900	
Address Eg		City Providence	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date 8/11/04
Check No. 1227
By 12/26/04
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.

*Linda Cicco* 8/11/04  
Signature of Authorized Person Date  
Linda Cicco  
Print or Type Name of Authorized Person



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
MAY 5 2 29 PM '03

1. ID No. *106226*		2. Exact name of the limited liability company BT COMMUNICATIONS SALES LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island RESALE OF TELECOMMUNICATIONS SERVICES	
5. Principal office address 11911 FREEDOM DRIVE		City RESTON	State VA
		Zip 20190-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Sheba Chacko		Contact Title Regulatory Counsel	
Street Address 11911 FREEDOM DRIVE		City RESTON	State VA
		Zip 20190	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name BT Americas Inc.		*Manager Name	
Street Address 350 Madison Avenue		*Street Address	
City New York	State NY	Zip 10017	*City State Zip
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City State 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 CORPORATION SERVICE COMPANY		Address 170 WESTMINSTER STREET, SUITE 900	
Address		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 1 0 6 2 2 6 \*

\*\*106226\* 2/26/03 12:21 PM\*

File Date 5-5-03

Check No. 3054

By: ICD

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.

Sheba Chacko 3/13/03  
Signature of Authorized Person Date

Sheba Chacko, Asst. Sec. of the Member  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**ID Number** FLLC106226

Annual Report for the year 2000

- The name of the limited liability company is:  
Concert Communications Sales LLC
- The address of the principal office of the limited liability company is:  
11921 Freedom Drive, Reston, Virginia 20190
- The state or other jurisdiction under the laws of which it is formed is: Delaware
- The name and address of its resident agent is: Corporation Services Company, 170 Westminster Street  
Suite 900, Providence RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 11921 Freedom Drive, Reston, Virginia 290190  
attention Denetra McPherson
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Telecommunications
- If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>see attached Manager Rider</u>	
_____	_____
_____	_____
_____	_____

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.

Date: October 22, 2001

Concert Communications Sales LLC  
Exact Name of Limited Liability Company

By Mikelle McLaugh  
Assistant Secretary  
Title

MANAGER RIDER FOR  
CONCERT COMMUNICATIONS SALES LLC

NAME:	ADDRESS:
Gary Weis, President	1230 Peachtree St 20th Floor Atlanta, GA, 30309-3579
Cathy Martine, Vice President	412 Mt Kemble Avenue Morristown, NJ, 07960
Paul Nolan, Vice President, Treasurer	2355 Dulles Corner Blvd Herndon, VA, 20171
Geoff Webster, Secretary	11921 Freedom Drive Reston, Virginia 20190
Richard Hirst, Assistant Secretary	246 High Holborn London, LONDON WC1V 7DZ United Kingdom
Elaine McHale, Assistant Secretary	295 North Maple Avenue Basking Ridge, NJ, 07920
Cindy Perkinson, Assistant Secretary	11921 Freedom Drive Reston, Virginia 20190
Michelle Gallagher, Assistant Secretary	11921 Freedom Drive Reston, Virginia 20190
Kent Edwards, Assistant Secretary	2355 Dulles Corner Blvd Herndon, VA, 20171

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 106226

Annual Report for the year 2000

1. The name of the limited liability company is:

Concert Communications Sales LLC

2. The address of the principal office of the limited liability company is:

295 N. Maple Ave. Rm 3160A2, Basking Ridge, NJ 07920

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CORPORATION SERVICE CO.

170 WESTMINSTER STREET, SUITE 900 PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Elaine McHale, Vice President

295 N. Maple Ave. Rm 3160A2, Basking Ridge, NJ 07920

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Resale of telecommunication Services

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Please See Attached

Dated 10/13/00

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.



1 0 6 2 2 6

Concert Communication Sales LLC

Exact Name of Limited Liability Company

By [Signature] Assistant Secretary

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-26-00
Check No.: 11422
By: AMF

