



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. 102142		2. Exact name of the limited liability company NETWORK BILLING SYSTEMS, L.L.C.			
3. State of Formation NEW JERSEY		4. Brief description of the character of the business which is actually conducted in Rhode Island LONG DISTANCE TELECOMMUNICATION SERVICE			
5. Principal office address 155 WILLOWBROOK BLVD			City WAYNE	State NJ	Zip 07470
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony Bifano			Contact Title Accounting Manager		
Street Address 155 WILLOWBROOK BLVD			City WAYNE	State NJ	Zip 07470
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 JONATHAN KAUFMAN			Manager Name		
Street Address 155 WILLOWBROOK BLVD			Street Address		
City WAYNE	State NJ	Zip 07470	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 NATIONAL REGISTERED AGENTS, INC.			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.



102142

File Date	<u>9/30/05</u>
Check No.	<u>17567</u>
By:	<u>[Signature]</u>
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] 09/30/05
Signature of Authorized Person Date
Anthony Bifano
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No. 102142		2. Exact name of the limited liability company NETWORK BILLING SYSTEMS, L.L.C.			
3. State of Formation NEW JERSEY		4. Brief description of the character of the business which is actually conducted in Rhode Island LONG DISTANCE TELECOMMUNICATION SERVICE			
5. Principal office address 155 WILLOWBROOK BLVD			City WAYNE	State NJ	Zip 07470
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kevin Crowley			Contact Title TAX ACCOUNTANT		
Street Address 155 Willowbrook Blvd			City WAYNE	State NJ	Zip 07470
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 JONATHAN KAUFMAN			Manager Name		
Street Address 155 WILLOWBROOK BLVD			Street Address		
City WAYNE	State NJ	Zip 07470	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 NATIONAL REGISTERED AGENTS, INC.			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 2 1 4 2 *

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 11/1/04
 Check No. 16433
 By: DA
 FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person
 Date 10/25/04
KEVIN CROWLEY
 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. 102142		2. Exact name of the limited liability company: NETWORK BILLING SYSTEMS, L.L.C.			
3. State of Formation: NEW JERSEY		4. Brief description of the character of the business which is actually conducted in Rhode Island LONG DISTANCE TELECOMMUNICATION SERVICE			
5. Principal office address: 155 Willowbrook Blvd			City: Wayne	State: NJ	Zip: 07470
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
6. Contact Name: Kevin Crowley			Contact Title: Tax Accountant		
Street Address: 155 Willowbrook Blvd			City: Wayne	State: NJ	Zip: 07470
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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: Jonathan Kaufman			Manager Name:		
Street Address: 155 Willowbrook Blvd			Street Address:		
City: Wayne	State: NJ	Zip: 07470	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: NATIONAL REGISTERED AGENTS, INC.			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 2 1 4 2 *

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 10/27/03
 Check No 15116
 By [Signature]
 FOR SECRETARY OF STATE USE ONLY

[Signature] 10/22/03
 Signature of Authorized Person Date
Kevin J. Crowley
 Print or Type Name of Authorized Person



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)

1. ID No. 102142		2. Exact name of the limited liability company NETWORK BILLING SYSTEMS, L.L.C.	
3. State of Formation NEW JERSEY		4. Brief description of the character of the business which is actually conducted in Rhode Island LONG DISTANCE TELECOMMUNICATION SERVICE	
5. Principal office address 155 Willowbrook Blvd.		City Wayne	State NJ
		Zip 07470	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kevin Crowley		Contact Title Tax Accountant	
Street Address 155 Willowbrook Blvd		City Wayne	State NJ
		Zip 07470	
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 Jonathan Kaufman		Manager Name	
Street Address 155 Willowbrook Blvd		Street Address	
City Wayne	State NJ	Zip 07470	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 NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

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



* 1 0 2 1 4 2 *

File Date	10-18-02
Check No.	13931
By:	<i>[Signature]</i>
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] 10/10/02
Signature of Authorized Person Date
Anthony Bifano
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
Telephone (401)-222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 102142

Annual Report for the year 2001

1. The name of the limited liability company is:

NETWORK BILLING SYSTEMS, L.L.C.

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

155 Willowbrook Blvd Wayne, NJ 07470

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

4. The name and address of its resident agent is: NATIONAL REGISTERED AGENTS, INC.

222 JEFFERSON BOULEVARD, SUITE 200 WARWICK RI 02888

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: 155 Willowbrook Blvd Wayne, NJ 07470

Anthony Bifano

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Long Distance Telecommunications

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

Name

Address

Jonathan Kaufman

155 Willowbrook Blvd Wayne, NJ 07470

Dated 10/15/01



1 0 2 1 4 2

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.

Network Billing Systems, L.L.C.
Exact Name of Limited Liability Company

By

Accounting Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-26-01</u>
Check No.:	<u>12957</u>
By:	<u>[Signature]</u>

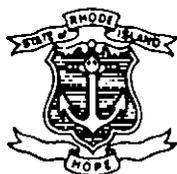
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040.

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 102142

Annual Report for the year 2000

- The name of the limited liability company is:
NETWORK BILLING SYSTEMS, L.L.C.
- The address of the principal office of the limited liability company is:
155 Willowbrook Blvd., Wayne, NJ 07470
- The state or other jurisdiction under the laws of which it is formed is NEW JERSEY
- The name and address of its resident agent is: NATIONAL REGISTERED AGTS.
222 JEFFERSON BOULEVARD, SUITE 200 WARWICK RI 02888
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 155 Willowbrook Blvd., Wayne, NJ 07470
Lisa Woolery Tax Accountant
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Long Distance Telecommunication Service
- If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
<u>Jonathan Kaufman</u>	<u>155 Willowbrook Blvd., Wayne, NJ 07470</u>
_____	_____
_____	_____

Dated 9/21/00



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.

Network Billing Systems, LLC
Exact Name of Limited Liability Company

By X [Signature]
CONTROLLER
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9/28
Check No.: 11528
By: [Signature]

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 FL 102142

Annual Report for the year 1999

- The name of the limited liability company is:
NETWORK BILLING SYSTEMS, L.L.C.
- The address of the principal office of the limited liability company is:
155 WILLOWBROOK BLVD WAYNE, NJ 07470
- The state or other jurisdiction under the laws of which it is formed is NEW JERSEY
- The name and address of its resident agent is: NATIONAL REGISTERED AGTS.
222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 155 WILLOWBROOK BLVD WAYNE, NJ 07470
JACK QUINN, CONTROLLER
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: LONG DISTANCE TELEPHONE SERVICES
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>JONATHAN KAUFMAN</u>	<u>155 WILLOWBROOK BLVD. WAYNE, NJ 07470</u>
_____	_____
_____	_____

Dated 9/27/99



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.

NETWORK BILLING SYSTEMS L.L.C.
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
 File Date: 10-4-99
 Check No.: 10460
 By: AMF

By [Signature]
MANAGER
Title