

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 IN BLACK) 2. Name of Corporation 1. Corporate ID No. CNCS INC. 117858 State Zip 3. Street Address Principal Business Office City 303 South Broadway, Suite 480 Tarrytown NY 10591 5. State of Incorporation 6. SIC Code 4. Business Phone No. **DELAWARE** 8888 416-718-6400 7. Brief Description of the Character of Business Conducted in Rhode Island TELECOMMUNICATIONS SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILU IN SPACES BEFORE USING ATTACHMENTS Vice President Name · ROY GRAYDON WILLIAM LINTON Street Address Street Address . 4 NOEL AVENUE 18 EDGEHILL ROAD City State Zip State Zip City ONTARIO M4G 1B3 **ETOBICOKE** ONTARIO M9A 4N3 TORONTO Treasurer Name Secretary Name JANICE SPENCER Street Address Street Address 253 GAINSBOROUGH ROAD City Zip State City State Zip ONTARIO M4L 3C7 TORONTO 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS "X" Director Name Director Name ROY GRAYDON WILLIAM LINTON · Street Address Street Address SAME AS ABOVE SAME AS ABOVE State City Zip State Zip City Director Name Director Name DUNCAN MCEWAN Street Address Street Address 23 MOORE AVENUE City City State Zip State Zip TORONTO **ONTARIO** M4T 1V4

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

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ISSUED SHARES

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Jan. 25, 2005

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UANICE SPENCER

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

Print or Type Name of Officer

CORPORATE SECRETARY

Title of Officer

Form 630 12/01

Par Value

\$10.01



# 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)

4 Philines Phone No. 416-718-6400  5 State of Incorporation DELAWARE  7 Brief Description of the Character of Business Conducted in Rhode Island TELECOMMUNICATIONS SERVICES  8 NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    President Name William Linton   Roy Graydon    Street Address   4 Noel Avenue    City   Etobicoke   State   Ontario   M9A 4N3    Secretary Name   George Malysheff    Street Address   Street Address    4 O Pickering Street    City   State   Ontario   M4E 3J6    9 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACH    Director Name   William Linton   Roy Graydon    Street Address   Street Address    William Linton   Roy Graydon    Street Address   Street Address    Street Address   Street Address    Same as above   State   Zip    Director Name   Director Name    William Linton   Roy Graydon    Street Address   Street Address    Same as above   State   Zip    Director Name   Director Name    William Linton   Street Address    Same as above   State   Zip    Director Name   Director Name    Director Name   Director Name   Director Name    Director Name   Director Name   Director Name    Director Name   Director Name   Director Name    Director Name   Director Name   Director Name				
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**TELECOMMUNICATIONS SERVICES**  8. NAMES AND ADDRESSES OF THE OFFICERS: (*X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    **President Name**  **William Linton**  **Street Address**  18 Edgehill Road**  **City**  **Etobicoke**  **Ontario**  **State**  **Ontario**  **M9A 4N3**  **Toronto**  **Street Address**  4 Noel Avenue**  **City**  **Toronto**  **Ontario**  **Street Address**  40 Pickering Street**  **George Malysheff**  **Street Address**  **Ontario**  **Street Address**  **Ontario**  **Street Address**  **Ontario**  **Street Address**  **Street Address**  **Ontario**  **Street Address**  **Same as above**  **Street Address**  **Same as above**  **Director Name**  **Dire				
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9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACH  Director Name William Linton   Roy Graydon  Street Address same as above   State   Zip   City   State   Zip  Director Name  Director Name  Director Name				
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George Malysheff  Street Address  Street Address				
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l ,	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and contained heroin are true and coπecons.	
Signaphre of Office	Feb 6, 2004
CEORGE MALYSHEFF	
Print or Type Name of Officer SVP, Chief Legal Coun	sel & Corp. Sec.

Title of Officer



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

SVP, Chief Legal Counsel & Corporate Secretary

Form 630 12/01

Title of Officer

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

FURM MUST BE TIFED IN				<del></del>		_	
I Corporate ID No. 117858	2 Name of Corpor CNCS Inc.	ration					
3. Street Address Principal Bus	<u>L</u>		City	State	Zip		
303 SOUTH BROADW		1	TARRYTOWN	NY	10591-		
4. Business Phone No.		5. State of Incorpora	ition		6. SIC Code		
		DELAWARE			8888		
7. Brief Description of the Cha TELECOMMUNICATIONS	racter of Business Cond SERVICES	ducted in Rhode Island					
8-NAMES AND ADDRE	SSES OF THE OFF	ICERS' ("X" BOX FOR	ATTACHMENT)   FILL IN SP	ACES BEFORE USING AT	TACHMENTS ×	. · i	
President Name			Vice President Name				
William Linton			Roy Graydon  *Street Address			_	
Street Address			. 4 Noel Avenue				
18 Edgehill Road				l Conta	12.5	_	
City	State	Zip	City Toronto	State Ontario	Z <sub>IP</sub>   M4G 1B3		
Etobicoke Secretary Name	Ontario	M9A 4N3	Tréasurer Name			٠	
George Malysheff			•				
Street Address		<del></del>	* Street Address			_	
40 Pickering Stre	eet		• •				
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9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FO	<i>RATTACHMENT)</i> 🗍 FILL'IN	SPACES BEFORE USING	ATTACHMENTS	Ü	
Director Name			Director Name				
William Linton			:Roy Graydon				
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<u> </u>	. J		Director Name	. <b></b> . l. <b></b>	. <i></i>	,	
Director Name George Malysheff			· Director Name				
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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

STOP PLASE READ INSTRUCTIONS

Filing Period: Januar;	y 1-March 1 •	Filing Fee: \$50.00			INSTRUCT
(FORM MUST BE TYPED IN BL	ACK)				
I. Corporate ID No.	2. Name of Corpora	illon	•		
117858	CNCS Inc.				
3. Street Address Principal Busines	s Office		City	State	Zip
303 South Broo	idwey, Suita	. <b>480</b>	Tarrytown	44	10591
4. Business Phone No.		5. State of Incorporation			6. SIC Code
0049-817 (914)		DELAWARE			
7. Brief Description of the Characte					
wholesale tele					
8. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTA	CHMENTS
William Linton		•	: Randall Benson	`	
Street Address			. Street Address		
18 Edgehill Rd.			3098 First A	VR.	
City	State	Zip	City	State	Zip
EtobicoKe	011	M9 A HN 3	Burlington	01	L7N 1C6
Secretary Name			Treasurer Name		
George Malysh	ieff		John Laurie		
Street Address	e 1		Street Address	1	
40 Pickering	57.		14 Squirewo	०४ एव.	
Toronto	State	Zip MYE 3J6	city Willowdale	Siate ON	Zip ' M2J 4T3
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES  Director Name	S BEFORE USING ATT	TACHMENTS
Randall Ben	200		William Lin	ton	
Street Address			Street Address		
3098 First A	٧٤.		18 Edgehill	Rd.	
City	State	Zip	City	State	Zip
Burlington	ON	L7N 1C6	Etobicoke	011	型" M9A: 4N3
Director Name			Director Name		9 A 9 A
George Malys	heff				<del>다</del> 공항품
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40 Pickering	<b>5</b> † .				2
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Toronto	011	M4E 316			_ <b>⋥</b>
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Office

**⋖**⊅ 5

File Date:	4 1 1 7 .8 5 8 *
Check No.:	21695
By:FOR SECRETARY OF S	STATE USE ONLY

Form 630 12/01