



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 IN BLACK)

1. Corporate ID No. 117858		2. Name of Corporation CNCS INC.			
3. Street Address Principal Business Office 303 South Broadway, Suite 480			City Tarrytown	State NY	Zip 10591
4. Business Phone No. 416-718-6400		5. State of Incorporation DELAWARE			6. SIC Code 8888
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM LINTON			Vice President Name ROY GRAYDON		
Street Address 18 EDGEHILL ROAD			Street Address 4 NOEL AVENUE		
City ETOBICOKE	State ONTARIO	Zip M9A 4N3	City TORONTO	State ONTARIO	Zip M4G 1B3
Secretary Name JANICE SPENCER			Treasurer Name		
Street Address 253 GAINSBOROUGH ROAD			Street Address		
City TORONTO	State ONTARIO	Zip M4L 3C7	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WILLIAM LINTON			Director Name ROY GRAYDON		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name DUNCAN MCEWAN			Director Name		
Street Address 23 MOORE AVENUE			Street Address		
City TORONTO	State ONTARIO	Zip M4T 1V4	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	COMMON	\$0.01 PAR VALUE	1,001	COMMON	\$10.01

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

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.

Jan. 25, 2005  
Signature of Officer

JANICE SPENCER

Print or Type Name of Officer

CORPORATE SECRETARY

Title of Officer

File Date 1/27/05  
Check No. 5000613067  
By: JA  
FOR SECRETARY OF STATE USE ONLY



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)

1. Corporate ID No. 117858		2. Name of Corporation CNCS Inc.			
3. Street Address Principal Business Office 303 SOUTH BROADWAY, SUITE 480			City TARRYTOWN	State NY	Zip 10591
4. Business Phone No. 416-718-6400		5. State of Incorporation DELAWARE			6. SIC Code 8888
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William Linton			Vice President Name Roy Graydon		
Street Address 18 Edgehill Road			Street Address 4 Noel Avenue		
City Etobicoke	State Ontario	Zip M9A 4N3	City Toronto	State Ontario	Zip M4G 1B3
Secretary Name George Malysheff			Treasurer Name		
Street Address 40 Pickering Street			Street Address		
City Toronto	State Ontario	Zip M4E 3J6	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William Linton			Director Name Roy Graydon		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name George Malysheff			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM \$0.01 PAR VALUE			1,001	common	\$10.01

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



\* 1 1 7 8 5 8 \*

File Date 2-11-04  
Check No. 5000010280  
By: ay

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 George Malysheff  
GEORGE MALYSHEFF

Date Feb 6, 2004

Print or Type Name of Officer  
SVP, Chief Legal Counsel & Corp. Sec.

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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117858		2. Name of Corporation CNCS Inc.			
3. Street Address Principal Business Office 303 SOUTH BROADWAY, SUITE 480			City TARRYTOWN	State NY	Zip 10591-
4. Business Phone No. 4167186400		5. State of Incorporation DELAWARE			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TELECOMMUNICATIONS SERVICES					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name William Linton			Vice President Name Roy Graydon		
Street Address 18 Edgehill Road			Street Address 4 Noel Avenue		
City Etobicoke	State Ontario	Zip M9A 4N3	City Toronto	State Ontario	Zip M4G 1B3
Secretary Name George Malysheff			Treasurer Name		
Street Address 40 Pickering Street			Street Address		
City Toronto	State Ontario	Zip M4E 3J6	City	State	Zip
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name William Linton			Director Name Roy Graydon		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name George Malysheff			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	Common	\$0.01	1,001	Common	\$10.01

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



1 1 7 8 5 8

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

George Malysheff

Print or Type Name of Officer

SVP, Chief Legal Counsel & Corporate Secretary

Title of Officer

Date

Sept 15, 2003

Form 630 12/01

\*117858 FBC 09/05/03 09:55:24 AM\*

File Date

9-14-03

Check No.

00000008808

By

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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.

117858

2. Name of Corporation

CNCS Inc.

3. Street Address Principal Business Office

303 South Broadway, Suite 480

City

Tarrytown

State

NY

Zip

10591

4. Business Phone No.

(416) 718-6400

5. State of Incorporation

DELAWARE

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

wholesale telecommunications services

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

President Name

William Linton

Street Address

18 Edgehill Rd.

City

Etobicoke

State

ON

Zip

M9A 4N3

Vice President Name

Randall Benson

Street Address

3098 First Ave.

City

Burlington

State

ON

Zip

L7N 1C6

Secretary Name

George Malysheff

Street Address

40 Pickering St.

City

Toronto

State

ON

Zip

M4E 3J6

Treasurer Name

John Laurie

Street Address

14 Squirewood Rd.

City

Willowdale

State

ON

Zip

M2J 4T3

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

Director Name

Randall Benson

Street Address

3098 First Ave.

City

Burlington

State

ON

Zip

L7N 1C6

Director Name

William Linton

Street Address

18 Edgehill Rd.

City

Etobicoke

State

ON

Zip

M9A 4N3

Director Name

George Malysheff

Street Address

40 Pickering St.

City

Toronto

State

ON

Zip

M4E 3J6

Director Name

Street Address

City

State

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

10,000 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,001

Common

\$10.01

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



\* 1 1 7 8 5 8 \*

File Date: 4/8/2002

Check No.: 21695

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

04/04/02  
Date

George Malysheff  
Print or Type Name of Officer

Corporate Secretary  
Title of Officer

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Form 630 12/01