

401.222.3040

Ferm 630 12/01

***		2006
PROFIT	CORPORATION ANNUAL REPORT FOR THE YEAR	2005
	CONFORMION ANNOYD REFORE FOR THE LEAN.	<u> </u>

l-Corporate ID No	2 Name of Corpor				
87962	NOS Comm	unications, Inc.			
3 Street Address Principal B	.,	. ,	City	State	Zip
4380 Boulder Hi	ghway		Las Vegas	Į NV	89121
4 Business Phone No		5. State of Incorporatio	NI T		16 SIC Code
702-547-8421		Maryland			6676
7 Brief Description of the Ci Telecommunication	naracter of Business Con s Reseller	ducted in Rhode Island			
	esses of the off	ICERS CX" BOX FOR AL	TACHMENT). TILL IN SPACE	CES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
Joseph T. Koppy					
Street Address	.4		Street Address		
4380 Boulder Hig					
Cim Las Vegas	State	2ip 89121	City	State	Z.ip
Secretary Nome			Treusurer Name		
Robert A. Lichte	nstein		Joseph T. Koppy		
Street Address			Street Address		
4380 Boulder Hig	jhway		4380 Boulder Hig	hway	
Cilv	State	Zip	Ĉity	State	Zip
Las Vegas	NA	89121	Las Vegas	, NV	89121
9. NAMES AND ADDRI	esses of the dir	ECTORS ("X" BOX FOR	ATTACHMENT) D FILL IN SP.	aces before using	ATTACHMENTS
Robert A. Lichte	enstein		Karol Frodsham		
Street Address			Street Address		
4380 Boulder Hig	hway		4380 Boulder Hig	hway	
Ciny	and the second	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
Las Vegas	State NV	Ζήν 89121	Las Vegas	NV	89121
Director Name			Director Name		
Sheetor From			· · · · · · · · · · · · · · · · · · ·		
Street Address			Street Address		
			,		
`itv	State	Zip	City	State	Ζίρ
				,	:
10. SHARES AUTHOR	ZED ("X" BOX FOR.	ATTACHMENT)	II. SHARES ISSUED ("X"	BOX FOR ATTACHME	vn □ (1) (3)
AUTHORIZED SHARES	and the same and the same same		ISSUED SHARES		garta na n kanan kalendara kanan ka
Number of Shares	Class/Series	Por Volue	Number of Shares	¿Class/Series	Par Value
	5 1/ 1			Common	No Daw Value
1,000 Common, No	Par Value		1,000	Common	No Par Value
			· :		
This ranget must be sign	nad in int by with	or the Prevident Vice P	resident, Secretary, Assista	ant Secretary Treas	wer Receiver or Trustee
nis report must be sig	nea in ink by eithe	i ine i resideni, rice i	restuent, secretary, Assisti	ini accretary, rreus	arer, Receiver or Trustee
			Under penalty of perju	ry, I declare and affirm	that I have examined
			this report, including a	ny accompanying sene	ugies and statements,
			this report, including a and that all statements		
	100				ue and correct.
File Date 2 2	105	-	and that all statements	contained herein are tr	JAN 2 5 2005
	-los	-	and that all statements Signature of Officer	contained herein are tr	ue and correct.
File Date 2 2	105 576	-	and that all statements Signature of Officer Joseph T. Ko	contained herein are tr	JAN 2 5 2005
	-105 576 12	-	and that all statements Signature of Officer	contained herein are tr	JAN 2 5 2005

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

Form 630 12/01

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 87962 NOS Communications, Inc. 3. Street Address Principal Business Office City State Zip 4380 Boulder Highway Las Vegas ΝV 89121 4. Business Phone No. 5. State of Incorporation 6. SIC Code 702-547-8421 Maryland 6676 7. Brief Description of the Character of Business Conducted in Rhode Island
Resals of Long Distance Telecommunications Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph T. Koppy Street Address Sircet Address 4380 Boulder Highway City State Zip City State Zip ΝV Las Vegas 89121 Secretary Name Treasurer Name Robert A. Lichtenstein Joseph T. Koppy Street Address · Sireei Address 4380 Boulder Highway .4380 Boulder Highway City State Zip City State 2ip Las Vegas NV 89121 NV .Las Vegas 89121 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Robert A. Lichtenstein *Karol Frodsham · Street Address Street Address 4380 Boulder Highway 4380 Boulder Highway City · State Zip City State Zip Las Vegas ΝV 89121 Las Vegas NV 89121 Director Name Director Name Street Address ·Street Address .Ciry State City Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Scries Par Value Number of Shares Class/Series Par Value 1,000 Common, No Par Value 1,000 Common No Par Value 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,
File Date 1.3004	and that all statements contained herein are true and correct.
Check No. 10 330	Signature of Officer Joseph T. Koppy Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer Form 6



* STATE OF RHODE ISLAND • AND PROVIDENCE PLANTATIONS • Office of the Secretary of State

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

2003

PROFIT CORPO	ORATION - March 1 ●	ANNUAL RE) Filing Fce: \$50.00	PORT FOR THE	YEAR 2003			
(FORM MUST BE TYPED IN I				•			
1. Corporate ID No.	2. Name of Corp						
87962		nunications, Inc.					
3. Street Address Principal Busin 4380 BOULDER HIGH			City	State	Zip		
	IWAY		LAS VEGAS	NV	89121		
4. Business Phone No. 702-547-8421		S. State of Incorpora MARYLAND	alion		6. SIC Code 6676		
7. Brief Description of the Char.	acter of Business Co	onducted in Rhode Island					
RESALE OF LONG DIST	ANCE TELECOM	MUNICATION SERVIC	ES.				
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS		
Joseph T. Koppy			•				
Street Address 4380 Boulder Hight			Street Address				
		12/	•				
City Las Vegas	State NV	<i>Zip</i> 89121	City	State	Zip		
Secretary Name			Treasurer Name				
Robert A. Lichtens	stein		Joseph T. Kopp	у			
Street Address			* Street Address				
4380 Boulder High			.4380 Boulder H	ighway			
City	State	Zip	City	State	Zip		
Las Vegas	NV	89121	.Las Vegas	NV	89121		
9. NAMES AND ADDRESS Director Name	SES OF THE DIE	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Robert A. Lichtens	stein		:Karol Frodsham				
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·		
4380 Boulder Highw	vay		[4380 Boulder H	[4380 Boulder Highway			
City	State	Zip	•City	State	Zip		
Las Vegas	NV	89121	Las Vegas	NA	89121		
Director Name	1		Director Name				
Street Address			• Street Address	*	· ····		
Witer Mairess			*				
City	State	Zip		State	Zip		
		i i	•	•			
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (**)	N" BOX FOR ATTACHMEN	/n []		
AUTHORIZED SHARES			ISSUED SHARES		<u> </u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Vulue		
1,000 COMM NO PAR V	/ALUE		1,000	Common	No par value		
This report must be signed	d in ink by eith	er the President, Vice	President, Secretary, Assi.	stant Secretary, Treasi	irer, Receiver or Trustee		
			•	•			
				•			
	TOUR DEALD THE FORE		Lindar manalty of man	rium. I dealess and a65—.	that I have oversized		
* 8 7	962 *			rjury, I declare and affirm : g any accompanying sched			
**07000* 40/4/000.54.0	0.444	- 		its pentained herein are tru			
**87962* 12/4/028:54:0	9 AM*			/ 11	1		
File Date 102. 1		_		-11/11/	12/18/02		
Charles 10	16		Signature of Officer	. 11/11//)ate		
Check No.		-	Joseph T. K	* AZ - Z * W. /			
B_{V}	Li		Print or Type Name of	Officer N	-		
		-	President	И			
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/01		



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

STOP PLI MI RI MI INSTRUCTIONS

	-			(IZSTRUCTIO)
	- ·•			
•				
NOS Commu	nications, Inc.	City	State	Zip
Highway	5. State of Incorporation	Las Vegas	NV	89121 6. SIC Code
cter of Business Conducted is	Maryland			
=	CERS (*x* box for attace	iMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
ppy		None Street Address		
Highway State	Ζίρ	: City	State	Zip
NV .	89121	: - Treasuter Name		
htenstein		Joseph T. Kopp	ру	
Highway		4380 Boulder H	lighway	
State NV	^{zip} 89121	cuy . Las Vegas	State NV	89121
	CTORS (*x* hox for atta	Director Name	CES BEFORE USING AT	FACHMENTS
Highway		Street Address	lighway	
State NV	^{շւր} 89121	cuy ; Las Vegas	State NV	89121
		Director Nume		
		Street Address		
State	Zip	: City	State	Zip
ED ("x" box for atta	CHMENT)	11. SHARES ISSUED ISSUED SHARES	(*X* BOX FOR ATTACHMEN	ŢĴ
Glass/Series	Par Value	Number of Shares	Cluss/Series	Par Value
Common	No Par Value	1,000	Common	No Par Value
ned in ink by eith	er the President, Vice P	resident, Secretary, Ass	istant Secretary, Treas	
	NOS Commo ess Office Highway cter of Business Conducted in ations ESSES OF THE OFFI DPY Highway State NV ESSES OF THE DIRF Chtenstein Highway State NV State NV State NV State Class/Series Common	NOS Communications, Inc. ess Office Highway 5. State of Incorporation Maryland cter of Rusiness Conducted in Rhode Island ations ESSES OF THE OFFICERS (*X* BOX FOR ATTACH DPY Highway State NV 89121 Chtenstein Highway State NV 89121 ESSES OF THE DIRECTORS (*X* BOX FOR ATTACH Chtenstein Highway State NV 89121 ESSES OF THE DIRECTORS (*X* BOX FOR ATTACH Chtenstein Highway State Zip NV 89121 State Zip NV 89121 Chtenstein Highway State Zip NV NO Replace No No Replace Common No Par Value	NOS Communications, Inc. So Office NOS Communications, Inc. So Office Highway So State of Incorporation As Vegas South of Incorporation As Vegas Las Vegas Director Name State Address Las Vegas Director Name State Address Las Vegas Director Name Las Vegas Las Vegas Las Vegas Las Vegas Director Name State Address Director Name Nos Par Value Nos Par	NOS Communications, Inc. Possible NOS Communications, Inc. Possible Nos Communications, Inc. Possible Nos Communications, Inc. Possible Maryland Possible Possible Nos Conducted in Rhode Island Possible Possible Possible None Street Additions Possible None Street Additions Possible None Possible Possible None Possible None Possible None Possible None Possible Possible None Possible None Possible Possi

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are price and correct.

Signature of Officer Date

Joseph T. Koppy
Print or Type Name of Officer

Title of Officer

Print or Type Name of Officer

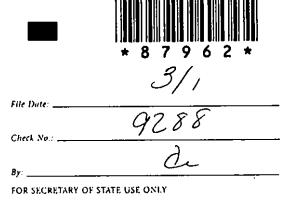
President

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 87962 NOS Communications, Inc.

01702	1100 COMM2				
3. Street Address Principal Business	Office		Clty	State	Zip
4380 Boulder High	nway		Las Vegas,	NV_	89121
4. Business Phone No.		5. State of Incorporation MARYLAND			6. 56.78
702-547-8421					
7. Brief Description of the Characte		r Rhode Island			
Telecommunication	_		*		-
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENIS
Tresident Name Joseph T. Koppy			Vacant		
Street Address			Street Address		
4380 Boulder High	nwav		•		
City	State	Zip	· City	State	Zip
Las Vegas	NV	89121			
Secretary Name		••	Treasurer Name		
Robert A. Lichens	stein		Joseph T. Kopp	ру	-
Street Address 4380 Boulder High	nua u		Sireei Address 4380 Boulder F	li ahuay	
_	Iway				***
Las Vegas	State NV	^{ZIp} 89121	Las Vegas	State NV	^{راب} 89121
9. NAMES AND ADDRES	SES OF THE DIRI	CTORS (*x* box for ati	ACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.3.7.3.1.0	Director Name		
Robert A. Lichen	stein				
Street Address			Street Address		
4380 Boulder High	hway				
City	State	Zip	City	State	<i>7.1</i> ρ
Las Vegas	NV	89121	* No. 11. Same	• • •	
Director Name			Director Name		
Rosette Delug			Street Address		
	.				
4380 Boulder Hig	nway State	Zip	: Clly	State	ZIp
Las Vegas,	NV	891-21			
10. SHARES AUTHORIZE			11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM	NO PAR VAL		1,000	Common	No Par Valu
•			', ' ' '		
					
This report must be sigr	ed in ink by cith	er the President, Vice	President, Secretary, Ass	sistant Secretary, Treas	urer, Receiver or Trust
			, ,	•	



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 Date

Joseph T. Koppy

Print or Type Name of Officer

President Title of Officer

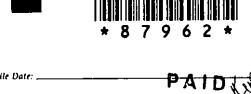
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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



(FORM MUST BE TYPED IN BLAC	· _				
1. Corporate ID No. 87962	2. Name of Corporation NOS Communic	ations, Inc.			
3. Street Address Principal Business (·	Clly	State	Zip
4380 Boulder 4. Business Phone No.	Highway	S. State of Incorporation	Las Vegas	NV	89121 6. SIC Code
702/547-8000 7. Bitef Description of the Character	of Rusiness Conducted in Rho	MARYLAND de Island			6676
Reseller_of_ 8. NAMES AND ADDRESS President Name	long distance Es of THE OFFICER	e telecommuni S (*x* BOX FOR ATTACH	Cations MENT) FILLIN SPACES BE Vice President Name	EFORE USING ATTAC	HMENTS
Joseph T. Kop	рру		None Street Address		·
4380 Boulder	Highway State	Zip	City	State	Zip
Las Vegas		89121	Treasurer Name		
Robert A. Lic Street Address	chtenstein		Kenneth Kirk	patrick	
4380 Boulder	Highway State	Zip	4380 Boulder	Highway State	Zip
Las Vegas 9. NAMES AND ADDRESS Director Name	NV. SES OF THE DIRECT	89121 ORS ("X" BOX FOR ATTAI	Las Vegas CHMENT) FILL IN SPACES Director Name	NV BEFORE USING ATTA	89121 CHMENTS
Robert A. Lic	chtenstein		Street Address		
GHy 4380 Boulder	Highway Stole	Zip	City	State	Zip
Las Vegas	NV	89121	Director Name		
Rosette Delug	3		Street Address		
cuy 4380 Boulder	Highway State	Zip	City	State	Zip
Las Vegas 10. SHARES AUTHORIZED	NV O ("x" box for attachi	89121 MENT)	11. SHARES ISSUED (*X*	* BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Pas Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO	D PAR VAL		1,000	Common	no par valu
This report must be signe	ed in ink by either	the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasu	irer, Receiver or Trustee
i 100104 10	III IEDID IBKS GIND IITI ISDI				



File Date:	PAID
Check No.:	FEB 1 5 2000 (*)
By:FOR SECRETARY OF S	SEC'Y OF STATE

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| . 3/.00|
| Signature of Fifty | Date |
| Date | President |
| Title of Officer

Under penalty of perjury, I declare and affirm that I have examined

2. Name of Corporation

NOS Communications, inc.

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

87962

Check No.:

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

s. sarra Auniess i inicipui m	noiness colline		1,117	1	1
4380 Boulder Hig	hway		Las Vegas	NV	89121
Business Phone No.		5. State of Incorporati	ion		6. SIC Code
702-547-8000 MARYLAND				6676	
Brief Description of the Ci	naracter of Business Conducted	in Rhode Island			
			telephone service throug		
. NAMES AND ADI	DRESSES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT) [FILL IN SPACES	BEFORE USING ATTAC	HMENTS
esident Name			Vice President Name		
Joseph T. Koppy			none		
_Joseph_TKoppy_ treet Address			Street Address		
_2267_Loring_Aven	ne				
lity	State	ZIP	City	State	ZIP
Henderson		89014			
cictary Name			Treasurer Name		
Robert A. Lichte	nstein		Kenneth J. Kirk	patrick	
Street Address			Street Address		
4573 Tara Drive		·· ·	4632 Startrain		
lty	State	Zip	City	State	Zip
Encino	CA.	91316	N. Las Vegas	NV	89031
	DRESSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) TILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS
Irector Name			Director Name		
Michael W. Arnau		Rosette Delug			
ireet Address			Street Address		
1940 Glenview Dr			4573 Tara Drive		
ity	State	Zip	City	State .	Zip
Las Vegas	, NV	89134	Encino Director Name	(91316
irector Name			interior retine		
lreet Address	 		Street Address		
	•				
ity	State	ZIp	City	State	Zip
•••			•		,
). SHARES AUTHO	RIZED ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r) 🗖 💮 💮 💮
JTHORIZED SHARES	The state of the s		ESSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
		·		·····	
1,000 SHS COM	M NO PAR VAL		1,000	Camman	no par
	······································				
			D	: C T	Dansimon on Tour
nis report must be	signed in ink by cit.	her the President, Vi	ce President, Secretary, Ass	istant Secretary, Treas	urer, keceiver or iru
					-
			•		
	* 8 7 9 6 2	*	Under penalty of p	erjury, I declare and affire	n that I have examined
	· · · · · · · · · · · · · · · · · · ·		this report, includi	ng any accompanying sch	edules and statements, a

that all statements contained herein are true and correct.

Signature of Officer

Title of Officer

Type Name of Officer resinent



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNHAL REPORT FOR THE YEAR 1008

Filing Period: January			OKI TOK TILL	1 L/11	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLAC 1. Corporate ID No.	CK) 2. Name of Corpora	rtion —			
87962 3. Street Address Principal Business C 4380 BOULDER HIGH	Office	UNICATIONS, INC.	Cuy LAS VEGAS	State NV	zip 89121
4. Business Phone No.		5. State of Incorporation			6. SIC Code
702-547-8000 7. Brief Description of the Character	of Business Conducted	MARYLAND In Rhode Island			4476
8. NAMES AND ADDRESS President Name	es of the off		HMENT) : Vice President Name	 ,	
JOSEPH T. KOPPY Street Address 2267 LORING AVE			Street Address		
City HENDERSON	State NV	zip 89014	Cliy	State	Zip .
Secretary Name			Treasurer Name		
ROBERT ALLEN LICH Street Address 4573 TARA DRIVE	RTENSTIN		: KENNETH JAY KIR Street Address 4632 STARTRAIN		
ENCINO	State CA	^{zip} 91316	NORTH LAS VEGAS	State NV	21p 89031
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS (*X* BOX FÖR ATT)	ACHMENT) Director Name		
ROBERT ALLEN LICH	ITENSTEIN		ROSETTE DELUG		٠
4573 TARA DRIVE			4573 TARA DRIVE	•	7 1.
ENCINO .	State CA	zip 91316	City ENCINO	State CA	zip 91316
Director Name			Director Name	•	
Street Address			Street Address		
City	State	Zip	Cuy .	State	Zip
10. SHARËS AUTHORIZET AUTHORIZED SHARES) (*x* box for ati	'ACHMENT')	11. SHARES ISSUED (*)	K°BÓX FOR ATTAĞHMEN	ir) '
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

)	
File Date:	8/5/98	·
Check No.:	15063	
Ву:	\sim	
FOR SECRETAR	RY OF STATE USE ONLY	

Class/Series

Common

Number of Shares

1,000

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements conjained herein are true and correct.

KOPPY Joseph

Print or Type Name of Officer PRESIDENT

Title of Officer

no Par Value 1,000 Common

noparvalue



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT	CORPORATION	ANNUAL	REPORT	1997
	0 0 111 0 11111 0 11			

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation NOS Communications, Inc. 87962 **MARYLAND** Street Address City Treasurer Name Secretary Name Street Address Street Address City State City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Nam Street Address Street Address 210 City State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSLITAD SHARES Par Value Number of Shares Class/Series Chiss/Serles Number of Shares 1,000 SHS COMM NO PAR VAL This report must be signed in lnk 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 contained berein are thee and correct. File Date: Check No.: FOR SECRETARY OF STATE USE ONLY