

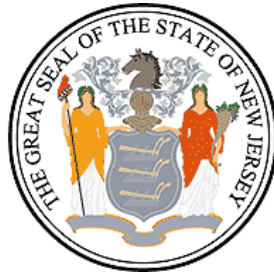
ANNUAL REPORT

OF

NAME OF RESPONDENT

ADDRESS OF RESPONDENT

TO THE



STATE OF NEW JERSEY
BOARD OF PUBLIC UTILITIES
44 SOUTH CLINTON AVENUE, 9TH FLOOR
POST OFFICE BOX 350
TRENTON, NEW JERSEY 08625-0350

FOR THE YEAR ENDED DECEMBER 31, _____

Name of Officer in charge of correspondence
With the Board regarding this report _____

Official Title _____

Office Address _____

Name of Registered Agent _____

Address of Registered Agent _____

**State of New Jersey
Board of Public Utilities
44 South Clinton Avenue, 9th Floor
Post Office Box 350
Trenton, New Jersey 08625-0350**

IDENTIFICATION

01 Exact Legal Name of Respondent: _____ 02 Year of Report: _____

03 Previous Name and Date of Change *(If name changed during year)*: _____

04 Address of Principal Office at End of Year *(Street, City, State, Zip Code)*: _____

05 Web Address of the Company: _____

06 Name of Contact Person: _____ 07 Title of Contact Person: _____

08 Address of Contact Person *(Street, City, State, Zip Code)*: _____

09 Telephone of Contact Person: _____ 10 Fax Number of Contact Person: _____

11 E-Mail Address of Contact Person: _____

12 This Report is due on or before March 31, 2011. It is Filed on _____

13 This is a Resubmission Report. Date Filed on (Month, Date, Year)

CORPORATE OFFICER CERTIFICATION

The undersigned officer certifies that:

I have read this New Jersey Board of Public Utilities Annual Report: Based on my knowledge this report does not contain any untrue statement of material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances such statements were made, not misleading with respect to the period covered by this report.

Based on my knowledge the income statements, included in this report conform in all material respects with the FCC's Uniform System Of Accounts ("USOA") or Generally Accepted Accounting Principal ("GAAP") as of, and for, the periods presented in this report.

I am responsible for establishing and maintaining internal accounting controls as defined by the FCC. I have designed such internal accounting controls to ensure that material information relating to the respondent and its subsidiaries, to the extent that the respondent has subsidiaries, is made known to me by others within those entities, particularly during the period in which this report is being prepared. I have evaluated the effectiveness of internal accounting controls as of a date within 90 days prior to the period in which this report (evaluation date). I have presented in this report my conclusions about the effectiveness of the internal accounting controls based on my evaluation as of the evaluation date.

I have disclosed, based on my most recent evaluation, to the respondent's auditors and the audit committee or persons performing similar functions, to the extent that respondent has an audit committee or persons performing similar functions, that all significant deficiencies in the design or operation of internal accounting control which could adversely affect the respondent's ability to record, process, summarize and report financial data and have identified for the respondent's auditors any material weaknesses in disclosure controls and procedures and any fraud, whether or not material, that involves management or other employees who have a significant role in the respondent's internal accounting controls.

I have indicated in this report whether or not there were significant changes in internal accounting control and procedures or in other factors that could significantly affect internal accounting controls and procedures subsequent to the date of my most recent evaluation, including any corrective actions with regard to significant deficiencies and material weaknesses.

In addition, I have examined the remaining schedules contained in this report; to the best of my knowledge, information, and belief all statements of fact contained in this report are correct statements of the business affairs of the respondent and the financial statements, and other financial information contained in this report, conform in all material respect to the USOA or GAAP.

14 Name:

15 Title:

16 Signature:

17 Date Signed:

(Name of Company)

**INCOME STATEMENT - NEW JERSEY OPERATIONS
FOR THE YEAR ENDED - DECEMBER 31, _____**

| | New Jersey (Interstate & Intrastate) (Outside & Within) | Nationwide (Including New Jersey) |
|---|--|--|
| <u>OPERATING REVENUES:</u> | | |
| Local Network Services (L1) | \$ _____ | \$ _____ |
| Network Access Services (L2) | \$ _____ | \$ _____ |
| Long Distance Network Services (L3) | \$ _____ | \$ _____ |
| Resale Services (L4) | \$ _____ | \$ _____ |
| Wireless Services (L5) | \$ _____ | \$ _____ |
| International Services (L6) | \$ _____ | \$ _____ |
| Miscellaneous Revenues (L7) | \$ _____ | \$ _____ |
| Total Gross Operating Revenues (L1 – L7) = (L8) | \$ _____ | \$ _____ |
| Non-Operating Revenues (L9) | \$ _____ | \$ _____ |
| Non-Regulated Revenues | | |
| Internet Services (L10) | \$ _____ | \$ _____ |
| Data Services (L11) | \$ _____ | \$ _____ |
| Voice Over Internet Protocol (L12) | \$ _____ | \$ _____ |
| Misc. Non-Regulated Revenues (L13) | \$ _____ | \$ _____ |
| Total Non-Regulated Revenues (L10 – L13) = (L14) | \$ _____ | \$ _____ |
| Total Revenues (L8 + L9 + L14) = (L15) | \$ _____ | \$ _____ |
| <u>OPERATING EXPENSES:</u> | | |
| Uncollectible Revenues (L16) | \$ _____ | \$ _____ |
| Depreciation/Amortization (L17) | \$ _____ | \$ _____ |
| Other Operating Expenses (L18) | \$ _____ | \$ _____ |
| Total Operating Expenses (L15 – L18) = (L19) | \$ _____ | \$ _____ |
| Net Operating Income/Loss (L15) – (L19) = (L20) | \$ _____ | \$ _____ |

(Name of Company)

**INCOME STATEMENT - NEW JERSEY OPERATIONS
FOR THE YEAR ENDED - DECEMBER 31, _____**

Breakdown of New Jersey Revenues/Loss between Interstate and Intrastate

| | New Jersey Interstate (Outside New Jersey) | New Jersey Intrastate* (Within New Jersey) |
|---|---|---|
| <u>OPERATING REVENUES:</u> | | |
| Local Network Services (L1) | \$ _____ | \$ _____ |
| Network Access Services (L2) | \$ _____ | \$ _____ |
| Long Distance Network Services (L3) | \$ _____ | \$ _____ |
| Resale Services (L4) | \$ _____ | \$ _____ |
| Wireless Services (L5) | \$ _____ | \$ _____ |
| International Services (L6) | \$ _____ | \$ _____ |
| Miscellaneous Revenues (L7) | \$ _____ | \$ _____ |
| Total Gross Operating Revenues (L1 – L7) = (L8) | \$ _____ | \$ _____ * |
| Non-Operating Revenues (L9) | \$ _____ | \$ _____ |
| Non-Regulated Revenues | | |
| Internet Services (L10) | \$ _____ | \$ _____ |
| Data Services (L11) | \$ _____ | \$ _____ |
| Voice Over Internet Protocol (L12) | \$ _____ | \$ _____ |
| Misc. Non-Regulated Revenues (L13) | \$ _____ | \$ _____ |
| Total Non-Regulated Revenues (L10 – L13) = (L14) | \$ _____ | \$ _____ |
| Total Revenues (L8 + L9 + L14) = (L15) | \$ _____ | \$ _____ |
| <u>OPERATING EXPENSES:</u> | | |
| Uncollectible Revenues (L16) | \$ _____ | \$ _____ |
| Depreciation/Amortization (L17) | \$ _____ | \$ _____ |
| Other Operating Expenses (L18) | \$ _____ | \$ _____ |
| Total Operating Expenses (L16 – L18) = (L19) | \$ _____ | \$ _____ |
| Net Operating Income/Loss (L15) – (L19) = (L20) | \$ _____ | \$ _____ |

* New Jersey Gross Intrastate Operating Revenues from the above should agree to Gross Intrastate Revenues reported on Statement of Gross Intrastate Revenues from Operations

(Name of Company)

SELECTED STATISTICAL DATA - NEW JERSEY OPERATIONS

As of December 31, _____

- 1. Number of Residential Access Lines _____
- 2. Number of Business Access Lines _____
- 3. Average Residential Monthly Bill _____
- 4. Average Business Monthly Bill _____
- 5. Total Minutes of Traffic - New Jersey Operations _____
- 6. Total Minutes of Traffic - Nationwide _____
- 7. a. Total Number of Residential Customers _____
b. Total Number of Business Customers _____
c. Total Number of Customers _____

Other Information

8. **Regulatory Contact Person::**

a. Name and Address:

b. Phone Number:

c. Fax Number:

d. E-Mail Address:

9. **Customer Complaints/Billing Inquiries:**

a. Phone Number:

b. Business Hours:

10. **Federal Employer Identification Number:**

11. Does the Company provide services to customers using their own facilities or lease facilities from Incumbent Local Exchange Carrier (ILEC)?

12. Does the Competitive Local Exchange Carrier (CLEC) have an interconnection and/or resale agreement with ILEC in the State of New Jersey?

If yes, please list the Names and address of the ILEC with whom you – CLEC – have the agreement.

