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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002592 (1)**  
1. Corporation Name  
**CLARITY TELECOM LOCAL NETWORK SERVICES, INC.**



Principal Place of Business: **TWO COPLEY PLACE, 7TH FLOOR BOSTON MA 02116**  
Mailing Address: **TWO COPLEY PLACE, 7TH FLOOR BOSTON MA 02116-6902**

3. Date Incorporated or Qualified: **05/23/1996** 3a. Date of Last Report: **N/A**  
4. FEI Number: **04-3314893** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **478 Wheeler Farms Road** 2a. Mailing Address: **478 Wheeler Farms Road**  
21. Suite, Apt. #, etc.: Suite, Apt. #, etc.  
22. City & State: **Millford, CT** 27. City & State: **Millford, CT**  
24. Zip: **06460** 25. Country: **U.S.** 29. Zip: **06460** 30. Country: **U.S.**

9. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525**  
10. Name and Address of New Registered Agent:  
81. Name:   
82. Street Address (P.O. Box Number is Not Acceptable):   
83.   
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PDAS</b>	<b>PAGLIUCA, STEPHEN G</b> <input type="checkbox"/> DELETE	1.1 TITLE: <b>C/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PAGLIUCA, STEPHEN G</b>	<b>TWO COPLEY PLACE, 7TH FLOOR</b>	1.2 NAME:	
STREET ADDRESS: <b>TWO COPLEY PLACE, 7TH FLOOR</b>	<b>BOSTON MA</b>	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: <b>VTD</b>	<b>POLER, DWIGHT M</b> <input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>POLER, DWIGHT M</b>	<b>TWO COPLEY PLACE, 7TH FLOOR</b>	2.2 NAME:	
STREET ADDRESS: <b>TWO COPLEY PLACE, 7TH FLOOR</b>	<b>BOSTON MA</b>	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <b>VATD</b>	<b>LAVINE, JONATHAN S</b> <input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LAVINE, JONATHAN S</b>	<b>TWO COPLEY PLACE, 7TH FLOOR</b>	3.2 NAME:	
STREET ADDRESS: <b>TWO COPLEY PLACE, 7TH FLOOR</b>	<b>BOSTON MA</b>	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <b>V</b>	<b>BRODERICK, LAURA M</b> <input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BRODERICK, LAURA M</b>	<b>TWO COPLEY PLACE, 7TH FLOOR</b>	4.2 NAME:	
STREET ADDRESS: <b>TWO COPLEY PLACE, 7TH FLOOR</b>	<b>BOSTON MA</b>	4.3 STREET ADDRESS:	<b>700002156367</b>
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	<b>-04/28/97--01034--005</b>
TITLE:		5.1 TITLE: <b>P/AS/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME: <b>Steven W. Barnes</b>	
STREET ADDRESS:		5.3 STREET ADDRESS: <b>Two Copley Place, 7th Floor</b>	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: <b>Boston, MA 02116</b>	<b>4/23/97</b>
TITLE:		6.1 TITLE: <b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME: <b>James A. Graham</b>	
STREET ADDRESS:		6.3 STREET ADDRESS: <b>478 Wheeler Farms Road</b>	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: <b>Millford, CT 06460</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Graham* **James A. Graham** V.P. Finance Date: **3/18/97** Daytime Phone #: **(203) 442-5700**

CR2E034 (9/96)