

2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90470 043 ***150.00

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01072006 Chg-P CR2E034 (11/05)

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| DOCUMENT # F99000005463 | |  | |
| 1. Entity Name RCN TELECOM SERVICES, INC. | | | |
| Principal Place of Business 105 CARNEGIE CENTER TAX DEPARTMENT PRINCETON, NJ 08540 | | Mailing Address 105 CARNEGIE CENTER TAX DEPARTMENT PRINCETON, NJ 08540 | |
| 2. Principal Place of Business 196 Van Buren Street Suite, Apt. #, etc. Suite 300 City & State Herndon, VA Zip 20170 Country USA | | 3. Mailing Address 196 Van Buren Street Suite, Apt. #, etc. Ste 300 City & State Herndon, VA Zip 20170 Country USA | |
| 4. FEI Number 23-2472885 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PO AQUINO, PETER 196 VAN BUREN ST HERNDON, VA 20170 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President and CEO Aquino, Peter 196 Van Buren Street Herndon VA 20170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO HOGAN, PATRICK 105 CARNEGIE CENTER PRINCETON, NJ 08540 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFG Michael Sicoli 196 Van Buren Street Herndon, VA 20170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT SAILE, JAMES J 2128 WIATHROP ROAD HUNTINGDON VALLEY, PA 19006 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President, Tax Michael O'Day 196 Van Buren Street Herndon, VA 20170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER EDWARD O'HARA 196 VAN BUREN STREET HERNDON, VA 20170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE:  | | MICHAEL O'DAY 4/21/06 703-434-8200 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |