

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90007 024 \*\*\*150.00

**DOCUMENT # F99000005463**

1. Entity Name  
RCN TELECOM SERVICES, INC.



Principal Place of Business  
196 VAN BUREN STREET  
SUITE 300  
HERNDON, VA 20170 US

Mailing Address  
196 VAN BUREN STREET  
SUITE 300  
HERNDON, VA 20170 US

40078853



04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2472885

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO
NAME	AQUINO, PETER
STREET ADDRESS	196 VAN BUREN ST
CITY-ST-ZIP	HERNDON, VA 20170
TITLE	CFO
NAME	SICOLI, MICHAEL
STREET ADDRESS	196 VAN BUREN STREET
CITY-ST-ZIP	HERNDON, VA 20170
TITLE	VPT
NAME	O'DAY, MICHAEL
STREET ADDRESS	196 VAN BUREN STREET
CITY-ST-ZIP	HERNDON, VA 20170
TITLE	T
NAME	O'HARA, EDWARD
STREET ADDRESS	196 VAN BUREN STREET
CITY-ST-ZIP	HERNDON, VA 20170
TITLE	SECRETARY
NAME	PRESTON, BENJAMIN R.
STREET ADDRESS	196 VAN BUREN STREET
CITY-ST-ZIP	HERNDON VA 20170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

(703) 434-8245

Daytime Phone #