

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001723

FILED  
Mar 09, 2012  
Secretary of State

Entity Name: FIRST COMMUNICATIONS, LLC

**Current Principal Place of Business:**

3340 WEST MARKET STREET, 3RD FL  
AKRON, OH 44333

**New Principal Place of Business:**

3340 WEST MARKET STREET  
AKRON, OH 44333

**Current Mailing Address:**

3340 W. MARKET ST.  
ATTEN: MARY CEGELSKI  
AKRON, OH 44333

**New Mailing Address:**

3340 WEST MARKET STREET  
AKRON, OH 44333

FEI Number: 34-1870807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICES COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: HEXAMER, RAYMOND  
Address: 3340 WEST MARKET STREET  
City-St-Zip: AKRON, OH 44333

Title: PRES  
Name: JOSEPH, MORRIS R  
Address: 3340 WEST MARKET STREET  
City-St-Zip: AKRON, OH 44333

Title: SECR  
Name: MURPHY, SANDI  
Address: 3340 WEST MARKET STREET  
City-St-Zip: AKRON, OH 44333

Title: COO  
Name: NEWMAN, JESSICA  
Address: 3340 WEST MARKET STREET  
City-St-Zip: AKRON, OH 44333

Title: CFO  
Name: SOLLENBERGER, MARK  
Address: 3340 WEST MARKET STREET  
City-St-Zip: AKRON, OH 44333

Title: CMO  
Name: MUSCI, JOHN  
Address: 3340 WEST MARKET STREET  
City-St-Zip: AKRON, OH 44333

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SANDI MURPHY

SECR

03/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date