

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003069

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: CITIZENS TELECOM SERVICES COMPANY L.L.C.

## Current Principal Place of Business:

3 HIGH RIDGE PARK  
STANFORD, CT 06905

## New Principal Place of Business:

## Current Mailing Address:

3 HIGH RIDGE PARK  
STANFORD, CT 06905

## New Mailing Address:

FEI Number: 06-1460891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM ( ) Delete  
Name: CITIZENS NEWTEL, LLC,  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STANFORD, CT 06905

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
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Title: ( ) Delete  
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City-St-Zip:

Title: ( ) Delete  
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Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCCARTHY, DANIEL  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STAMFORD, CT 06905

Title: MGR ( ) Change (X) Addition  
Name: SHASSIAN, DONALD  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STAMFORD, CT 06905

Title: MGR ( ) Change (X) Addition  
Name: LARSON, ROBERT  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STAMFORD, CT 06905

Title: MGR ( ) Change (X) Addition  
Name: WILDEROTTER, MARY AGNES  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STAMFORD, CT 06905

Title: MGR ( ) Change (X) Addition  
Name: GLASSMAN, HILARY  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STAMFORD, CT 06905

Title: MGR ( ) Change (X) Addition  
Name: ARMOUR, DONALD  
Address: 3 HIGH RIDGE PARK  
City-St-Zip: STAMFORD, CT 06905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT J. LARSON

MGR

04/19/2007

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