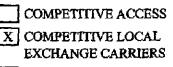
	Contra 9
IN NE TRAPPT	ATIMAR 3 MEMORY
/D-D5-TP-RPT COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS	AH ID. 18
For the provision of (sheet all that applie).	

For the provision of (check all that apply):

X	IN
	AL

FILE

INTEREXCHANGE CARRIER ALTERNATIVE OPERATOR SERVICE PROVIDER



OTHER (Describe):

# **ANNUAL REPORT**

OF

DPI Teleconnect, LLC

(Exact legal name of respondent)

If name was changed during year, show also the previous name and date of change.

<u>y</u>	www.dpiteleconne	ect.com		
	Website URL:			
1330 Capital Parkway Carrollton TX				
Address	City	County	State	Zip Code
	972-488-550	0		,
	Phone: (Area Code) 1	Number		
1330 Capital Parkway	Carroliton		TX	75006
(Address of	f principal business of	fice at end of year)		
	TO THE			

## PUBLIC UTILITIES COMMISSION OF OHIO

## FOR THE YEAR ENDED DECEMBER 31, 2010

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

Name:	Mark Lammert, CPA c/o Compliance Solutions, Inc.	Telephone #:	407-260-1011
Title:	Tax Preparer for Company	Fax #:	407-260-1033
Address:	740 Florida Central Parkway, Suite 2028, Longwood, FL	32750	

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Verification	7

## **GENERAL INSTRUCTIONS, DEFINITIONS, ETC.**

## Please read the general instructions carefully before filling out this form:

- 1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
- 2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
- 3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
- 4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
- 5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
- 6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
- 7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
- 8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
- 9. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.

## **IDENTITY OF RESPONDENT**

1. Identify respondent's form of business organization: sole proprietorship, partnership, corporation, or other (explain).

Limited Liability Company

2. If a consolidated, merged, or reorganized company, briefly provide particulars of such transactions, the date of the transactions, and PUCO authority. If a reorganized company, give name of original company.

The Company is not a consolidated, merged or reorganized company.

3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

4. If incorporated specify:

- a. Date of filing of articles of incorporation.
- b. State in which incorporated.

December 10, 1998 Delaware

- 6. State whether respondent is operational in Ohio (actually providing service and the date operations began), or available (but not currently providing service).

The Company was operational in Ohio throughout 2010.

- 7. If operational, identify Ohio counties where respondent is providing service.
- 8. Identify separately the number of residential and business customers served by respondent. Identify voice, data, or other type services provided. <u>Voice Data</u> <u>Other</u>

	<u></u>		
Residential	0	0	0
Business	0	0	0

- 9. Identify if services are provided by resale (notal service resale of local exchange company service) or facilities based (through respondent's own switch or via UNE platform), and names of Ohio counties where each type of service is provided. All services are provided via resale in the counties noted in the response to question #7.
- 10. Identify local exchange companies that respondent has interconnection agreements with to provide service in Ohio. The Company does not have interconnection agreements with local exchange companies.

## IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

None

2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.

None

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# DIRECTORS, PROPRIETORS, PARTNERS

Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partner and show each partner's percent of interest.)

Term Expired or Current Term Will Expire (c)		viduals holding comparable positions.)					
Served Continuously From (b)		ions, show names of indiv 21 Treasurer	22. Controller:				
Name and Address (City and State) (a)	Charles L. Schneider, Jr. 1330 Capital Parkway, Carrollton, TX 75006 Z. Ed Lateef 1330 Capital Parkway, Carrollton, TX 75006	(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.) Name of Chairman of the Board: Z. Ed I. steef	Name of Secretary of Board:	President:	Vice-President: Charles L. Schneider, Jr.	Secretary:	4
Line No.	- 7 m 4 5 5 7 8 6 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16	17	18	19	18	

## Instructions:

Schedule 2 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

The jurisdictional separation of revenues reported in this schedule should conform, to the extent applicable, to the procedures and instructions of CFR 47 Parts 32 and 36.

For interexchange carriers, intrastate refers to messages originating and terminating in Ohio.

For cellular, competitive access, and paging providers, intrastate refers to amounts billed to an Ohio account.

## SCHEDULE: 2

	STATEMENT	OF INTRASTATE GROSS EARNINGS (REVENUE)		
Line #	Item		. (	Arnount Ohio Intrasta
1	Common Carrier, Directory I work performed for others, re	Revenue - Wholesale Cellular Communications, Radio Revenue, Rent Revenue, Special Billings (revenue from ent revenue-nonoperating, return on regulated onregulated products and services, etc.)	\$_	0
2	Operating and Nonoperating, currency exchange or transfer	I Interest Income, Gains From Disposition of Property - Other Operating or Nonoperating Gains (foreign c, extinguishment of debt, company's share of earnings ted for on equity method, income from sinking and	\$	0
3	SUBTOTAL	(1) + (2)	\$	0
4	Earnings or receipts from sale	es to other public utilities for resale	\$	0
5	TOTAL	(3) + (4)	\$_	0

5

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Year Ended December 31, 2010

## SCHEDULE: 3

Address

## IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Name, Title, Address, and Phone Number of the Company's Contact Persons to Receive Entries and Orders from the Docketing Division

Wanda Johnson-Townsend	Tax Manager
Name	Title
1330 Capital Parkway, Carrollton, TX 75006	
Address	
972-488-5500	
Phone Number (Including Area Code)	
Name, Title, Address, and Phone Number of Per	son to whom Invoice should be Directed
	· ·
Mark Lammert CPA c/o Compliance Solutions, Inc.	Tax Preparer for the Company
Name	Title
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750	
Address	
407 260 1011	
407-260-1011 Phone Number (Including Area Code)	
Name and Address of	the President
Name	
	· · · · · · · · · · · · · · · · · · ·
1330 Capital Parkway, Carrollton, TX 75006	

Year Ended December 31, 2010

### VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

## OATH

State of: <u>Texas</u>) County of: <u>Dallas</u> <del>Collin</del>)

Charles L. Schneider, Jr. makes oath and says that he is (Insert here the name of the affiant.)

 Sr. Vice President
 of
 DPI Teleconnect, LLC

 (Insert here the official title of deponent)
 (Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, 2010 to and including December 31, 2010.

Charles h. Ich