335166			
COMPETITIVE TELECOMN			
SERVICE PROVIDERS			
For the provision of (check all that apply):			
N INTEREXCHANGE CARRIER	N COMPETITIVE ACCESS		
N ALTERNATIVE OPERATOR SERVICE PROVIDER N voice over internet protocol (voip)	N COMPETITIVE LOCAL EXCHANGE CARRIERS		
N OTHER (Describe):			
ANNUAL REPORT			
Magellan Hill Technologies, LLC			
(Exact legal name of respondent)			
If name was changed during year, show also the previous name and date of change.			
Website URL			
1645 West Chester Pike Suite 200. West Chester, Chester PA 19382			
Address City Coun	ty State Zip Code		
610-355-9700			
Phone: (Area Code) Number			
1645 West Chester Pike, Suite 200 West Chester, PA 19382 (Address of principal business office at end of year)			
TO THE			
PUBLIC UTILITIES COMMISSION OF OHIO			
THE COMPANY OF THE COMPANY. THE COMPANY OF THE COMPANY. THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY OF THE COMPANY. THE COMPANY OF THE COMPANY. THE COMPANY OF THE COMPANY OF THE COMPANY. THE COMPANY. THE COMPANY OF THE COMPANY. THE COMPANY. THE COMPANY. THE COMPANY OF THE COMPANY. THE COMPA			
FOR THE YEAR ENDED DECEMBER 31, 2011			
Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report. Christina Watson, Senior Accountant, 1645 Wesr Chester Pike, Suite 200 West Chester, PA 19382			
Email: cwatson@linesystems.com, Phone: 610-355-9746, Fax:610-918-1646			

## **IDENTITY OF RESPONDENT**

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

Corporation

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.

n/a

- 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 articles of incorporation: January 01, 2006
  - b. State in which incorporated: NJ
- 5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued.
- 6. State whether respondent is operational in Ohio (actually providing service and the date operations began), or available (but not currently providing service).

03/2009

#### Instructions:

Schedule 1 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: 1

#### STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)

1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating return on regulated investment used to provide nonregulated products and services, etc.)	\$1,453
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property Operating and Nonoperating, Other Operating or Nonoperating Gains (foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounted for on equity method, income from sinking and other funds, etc.)	\$0
3	SUBTOTAL (1) + (2)	\$1,453
4	Earnings or receipts from sales to other public utilities for resale	\$1,453
5	TOTAL (3) - (4)	\$0

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

#### Name, Title, E-mail, Address, and Phone Number of the Company's Contact Persons

John West Name

jwest@linesystems.com E-mail

1645 West Chester Pike Suite 200 West Chester, PA 19382 Address

610-355-9733 Phone Number (Including Area Code)

#### Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice

### should be Directed

John West Name

jwest@linesystems.com E-mail

1645 West Chester Pike Suite 200 West Chester, PA 19382 Address

610-355-9733 Phone Number (Including Area Code)

Name and Address of the President

Mike Miller Name

1645 West Chester Pike Suite 200 West Chester, PA 19382 Address Vice President of Finance Title

Vice President of Finance Title

#### VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company.

#### OATH

State of <u>PA</u> County of <u>Chester</u>

John West makes oath and says that

s/he is Vice President of Finance

of Magellan Hill Technologies, LLC

that s/he has examined the foregoing report; that to the best of her/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, 2011 to and including December 31, 2011.

(Signature of affiant.)

Sworn and subscribed before me this  $16^{4k}$  day of Apr, 2012 Month/Year

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Signature of notary

My commission expires on July 2, 2012.

NOTARIAL SEAL SUSAN M STACHELSKI Notary Public WESTTOWN TWP, CHESTER COUNTY My Commission Expires Jul 2, 2012 This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

4/27/2012 1:23:50 PM

in

Case No(s). 12-0005-TP-RPT

Summary: Annual Report electronically filed by Ms. Christina A Watson on behalf of Magellan Hill Technologies, LLC