

FILE

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12-05-TP-RPT

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## COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

☐ INTEREXCHANGE CARRIER

☐ COMPETITIVE ACCESS

☐ ALTERNATIVE OPERATOR SERVICE PROVIDER

☐ COMPETITIVE LOCAL

☐ VOICE OVER INTERNET PROTOCOL (VOIP)

☐ EXCHANGE CARRIERS

☐ OTHER (Describe): CESTC

## ANNUAL REPORT

OF

NextGen Communications, Inc.

(Exact legal name of respondent)

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

www.telecomsys.com

Website URL

275 West Street #400, Annapolis, USA MD 21401

Address

City

County

State

Zip Code

410-295-1884

Phone: (Area Code) Number

275 West Street Suite 400 Annapolis, MD 21401

(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



RECEIVED  
MAR 27 2012  
THE OFFICE OF  
OHIO CONSUMERS' COUNSEL

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.

Kim Scovill, Senior Director, 275 West Street #400

Email: kscovill@telecomsys.com, Phone: 410-295-1884, Fax: 410-295-1884

This is to certify that the images appearing are an  
accurate and complete reproduction of a case file  
document delivered in the regular course of business.  
Technician Jim Date Processed JUN 14 2012

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2012 JUN 13 PM 4:56

PUCO

**IDENTITY OF RESPONDENT**

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

Corporation

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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.

N/A

4. If incorporated specify:

- a. Date of filing articles of incorporation: October 27, 2008
- b. State in which incorporated: Maryland

5. Identify PUCO Case Number (and date issued) granting operating authority and identify certificate number(s) issued.

Case No. 11-437-TP-ACE 03/14/2011

Certificate No. 90-8001-TP-TRF

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

Not Currently Providing Service. Would be available on 60-days notice with a customer.

## 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.)	\$0
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	<b>SUBTOTAL (1) + (2)</b>	\$0
4	Earnings or receipts from sales to other public utilities for resale	\$0
5	<b>TOTAL (3) - (4)</b>	\$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**

Kim Robert Scovill  
Name

Senior Director  
Title

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kscovill@telecomsys.com  
E-mail

275 West Street #400 Annapolis, MD 21401  
Address

410-295-1884  
Phone Number (Including Area Code)

**Name, Title, E-mail, Address, and Phone Number of Person to whom Invoice  
should be Directed**

Kim Robert Scovill  
Name

Senior Director  
Title

kscovill@telecomsys.com  
E-mail

275 West Street #400 Annapolis, MD 21  
Address

410-295-1884  
Phone Number (Including Area Code)

**Name and Address of the President**

Maurice Tose  
Name

275 West Street #400 Annapolis, MD 21401  
Address

**VERIFICATION**

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

**OATH**

State of Maryland  
County of Anne Arundel

Bruce A. White makes oath and says that

she is Secretary

of NextGen Communications, Inc.

that she 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]  
(Signature of affiant.)

Sworn and subscribed before me this 14<sup>th</sup> day of March, 2012 Month/Year

[Signature]  
Signature of notary

