

# COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> INTEREXCHANGE CARRIER                 | <input type="checkbox"/> PAGING                       |
| <input type="checkbox"/> CELLULAR                              | <input type="checkbox"/> COMPETITIVE ACCESS           |
| <input type="checkbox"/> PERSONAL COMMUNICATIONS SERVICES      | <input checked="" type="checkbox"/> OTHER (Describe): |
| <input type="checkbox"/> ALTERNATIVE OPERATOR SERVICE PROVIDER | Payphone Services                                     |

## ANNUAL REPORT

OF

Ameritech Payphone Services, Inc.

(Exact legal name of respondent)

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

<u>225 W. Randolph, Room 15B</u>	<u>Chicago</u>	<u>Cook</u>	<u>Illinois</u>	<u>60606</u>
Address	City	County	State	Zip Code
<u>(312) 220-8881</u>				

Phone: (Area Code) Number

225 W. Randolph, Room 15B Chicago, Illinois 60606

(Address of principal business office at end of year)

### TO THE PUBLIC UTILITIES COMMISSION OF OHIO



RECEIVED

APR 04 2000

PUCO FISCAL

FOR THE

YEAR ENDED DECEMBER 31, 1999

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

Michael Johnson, VP-General Counsel 225 W. Randolph, Room 15B Chicago, IL  
(312) 220-8881 60606

### IDENTITY OF RESPONDENT

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.

Corporation

2. Date when operations began.

4/28/1994

3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.

N/A

4. If incorporated specify (a) Date of filing articles of incorporation,  
(b) State in which incorporated,

DeLaware, 4/28/1994

5. Commission Case Number granting operating authority and date issued.

95-461-CT-ACE 90-5644

6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars.

We did not conduct business under any other name.

7. General description of service territory served by respondent.

Statewide

8. Number of locations within Ohio.

None

### 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

SCHEDULE: 1

<b>DIRECTORS, PROPRIETORS, PARTNERS</b>			
1. Give the name of each director or proprietor. (For partnerships identify each partner, identify which are general or limited partners and show each partner's percent of interest.)			
Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	Term Expired or Current Term Will Expire (c)
1	None in Ohio		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
(For corporations, show the data requested; for other forms of business organizations, show names of individuals holding comparable positions.) None in Ohio			
16	Name of Chairman of the Board	21	Treasurer
17	Name of Secretary of Board	22	Controller
18	President		
19	Vice-President		
20	Secretary		

## 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 No.	Item	Amount Ohio Intrastate
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

SCHEDULE: 3

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**

Michael L. Johnson	VP - General Counsel
Name	Title
225 West Randolph Street, Floor 15B, Chicago, IL 60606	
Address	
(312) 220 - 8881	
Phone Number (Including Area Code)	

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

Same as above

Name	Title
Address	
Phone Number (Including Area Code)	

**Name and Address of the President**

Donald V. Goens	President
Name	Title
225 West Randolph Street, Floor 15B, Chicago, IL 60606	
Address	

### 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 Illinois  
County of Cook

Donald V. Goens makes oath and says that  
(Insert here the name of the affiant.)

he is President  
(Insert here the official title of deponent)

of Ameritech Pay Phone Services of Ohio, Inc.  
(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 Jan. 1, 1999, to and including Dec. 31, 1999.

Donald V. Goens  
(Signature of affiant.)

EVELYN M. KASPRAK  
(print/typed name)

Evelyn M. Kasprak  
(signature)

