

INTEREXCHANGE CARRIER TELEPHONE
COMPANIES

ANNUAL REPORT

OF

RECEIVED
MAY 12 1993
PUCO FISCAL

ConQuest Long Distance Corp.

(Exact legal name of respondent)

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

555 Metro Place North, Suite 375, Dublin, Ohio 43017

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO

A & A ANNUAL REVIEW TEAM

MAY 21 1993



FOR THE

YEAR ENDED DECEMBER 31, 19⁹²

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

Melanie O'Neil, Controller, 555 Metro Place North, Suite 375

Dublin, OH 43017 (614-764-2933)

Deficiency
has been corrected
pg. 14 5-18-93

INTEREXCHANGE CARRIER TELEPHONE
COMPANIES

ANNUAL REPORT

OF

ConQuest Long Distance Corp.
PRINCIPAL OFFICE:

555 Metro Place North, Suite 375 Dublin, Franklin, OH 43017
(ADDRESS) (CITY) (COUNTY) (STATE) (ZIP CODE)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO

FOR THE
YEAR ENDED DECEMBER 31, 1992

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

Melanie O'Neil, Controller (614) 764-2933

555 Metro Place North, Suite 375, Dublin, OH 43017

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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 interexchange telephone companies. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answer shall appear to show that no schedule, question, or line item has been overlooked. **If a particular line item or schedule does not apply to the respondent, indicate this by answering "none", "-0-", or "not applicable", as appropriate, where it truly and completely states the fact.**
3. If answers to an inquiry are given elsewhere in the report, incorporation of information by reference is sufficient.
4. Respondents may not use the same classifications or may not maintain the level of detail requested on individual schedules in this report. If so, the respondent may substitute a page(s) from a preprinted financial form or report for any schedule in this report. Attach the substitute to the schedule it replaces and note on the schedule "Replaced by ..." or "See attached".
5. 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.
6. 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.
7. 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.
8. 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.
9. Amounts on any schedule (except as otherwise provided therein), may, at the option of the respondent, be rounded off to whole dollars provided that amounts are appropriately adjusted to agree with the rounded total.
10. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.
11. The information required in this report, unless otherwise indicated, is to be reported for the entire company and not for the State of Ohio only.
12. Totals should be provided as indicated. The respondent shall ensure that schedule totals and subtotals are mathematically correct.

13. If a line item is supported by a detailed schedule elsewhere in this report, the respondent should ensure that the detailed schedule is completed and that the amounts on both schedules match.
14. "Operating" as used in this report refers to regulated operations while "Nonoperating" refers to nonregulated operations.
15. Please list all accounts and totals in whole dollars only. Make sure the rounded numbers equal to the original totals, when the original totals are rounded to the nearest dollar amount.

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.
October 1987
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.
Not Applicable
4. If incorporated specify (a) Date of filing articles of incorporation,
(b) State in which incorporated,
A) October 19, 1987 (B) Ohio
5. Commission Case Number granting operating authority and date issued.
Case No. 87-1835-TP-ATR; interm authority granted on November 24, 1987 and permanent authority granted March 15, 1988
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.
Not applicable.
7. Counties respondent is authorized to serve.
see attached schedule
8. Number and name of locations within Ohio. (Locations are defined as points of presence.)
one(1) location- 180 E. Broad St., Suite 1008, Columbus , OH 43215
9. List all affiliated companies with whom the respondent does business and their relationship to the respondent. If respondent is a partnership, provide this information for each partner. (Use separate page(s) if needed).
State whether the affiliate is (a) a regulated public utility or, (b) a publicly held corporation.
see attached schedule
10. Did any corporation or corporations, telephone or other, hold control over the respondent at the close of the year? yes If control was so held, state:
 - a. The name and address of the controlling corporation or corporations. see attached schedule
 - b. The form of control, whether sole or joint. sole
 - c. The extent of control. 100%
 - d. Whether control was direct or indirect. direct
 - e. If indirect, the name and address of the intermediary through which control was established. N/A
11. Did any individual, association, or corporation hold control, as trustee, over the respondent at the close of the year? NO If control was so held, state:
 - a. The name and address of the trustee.
 - b. The name and address of the beneficiary or beneficiaries for whom the trust was maintained, if available.

12. Did the respondent hold control over other corporations at the close of the year? No If so, state:

- a. The name and address of corporation or corporations controlled.
- b. The form of control, whether sole or joint.
- c. Other parties, if any, to joint agreement for control.
- d. The extent of control.
- e. Whether control is direct or indirect.
- f. If indirect, the name and address of the intermediary through which control was established.

Report of ConQuest Long Distance Corp., Year ended December 31, 1992.

IDENTITY OF RESPONDENT

7. Counties respondent is authorized to serve:

Allen, Auglaize, Butler, Champaign, Clark, Clinton, Cuyahoga, Drake, Fairfield, Fayette, Franklin, Green, Hamilton, Holmes, Huron, Logan, Mercer, Miami, Montgomery, Muskingum, Preble, Ross, Shelby, Warren.

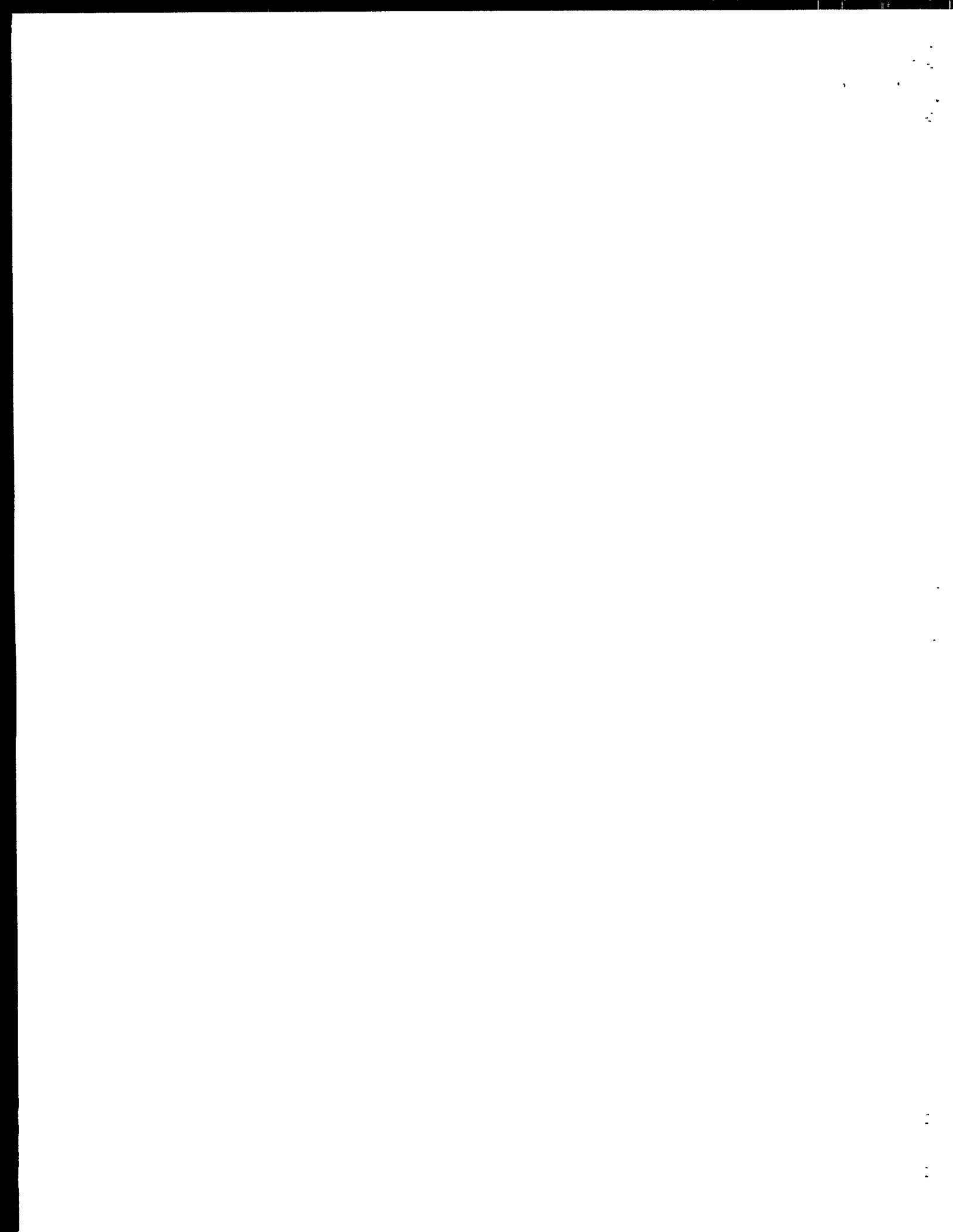
9. ConQuest Telecommunication Services Corp. (Parent)

ConQuest Communication Corp. (Sister)

ConQuest Operator Services Corp. (Sister)

ConQuest Long Distance Corp. (Sister)

10. a. ConQuest Telecommunication Services Corp.
555 Metro Place North, Suite 375
Dublin, Ohio 43017



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, incorporation of that information by reference will be sufficient.

1. Issuances of Capital Stock or long term debt during the year: Identify the securities, date, consideration received and Commission authorization.

NONE

2. Changes in franchise rights.

NONE

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

NONE

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

NONE

SCHEDULE: 1

VOTING POWERS AND ELECTIONS				
<p>1. In the schedule below, show the particulars called for concerning the stockholders of respondent who, at the date of the latest closing of the stock-book of respondent prior to the actual filing of this report, had the twenty highest voting powers of the respondent. If any such holder held in trust, attach a statement showing the beneficial owners. If the stock-book was not closed within the year, show twenty such stockholders as of the close of the year. In the space provided, show total shares and notes of all stockholders.</p>				
Line No.	Name and Address of Stockholders	No. of Shares Held	No. of Voting Shares	Other Vote Empowered Securities
1.	ConQuest Telecommunication Services Corp., 555 Metro Place North, Ste 375, Dublin, OH 43017	4,950	4,950	N/A
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL LISTED ABOVE				
TOTAL ALL STOCKHOLDERS		4,950	4,950	N/A

SCHEDULE: 2

DIRECTORS, PROPRIETORS, PARTNERS			
1. Give the name of 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	ConQuest Telecommunication Services Corp. 555 Metro Place North, Suite 375 Dublin, OH 43017	N/A	N/A
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.)			
16	Name of Chairman of the Board	Ghanysam C. Patel	21. Treasurer
17	Name of Secretary of Board	Marianne Townsend	22. Controller
18	President	James E. Sobwick	Melanie O'Neil
19	Vice-President	Peter Buonaiuto	
20	Secretary		

SCHEDULE: 3

BALANCE SHEET LIABILITIES AND OTHER CREDITS			
Description	Beginning Balance	Ending Balance	Increase or (Decrease)
CURRENT LIABILITIES			
Accounts Payable			
Notes Payable			
Customer Deposits			
Current Maturities-Long Term Debt			
Current Maturities-Capital Leases			
Accrued Taxes			
Other Current & Accrued Liabilities	(40,812)	2,991	43,803
TOTAL CURRENT LIABILITIES	(40,812)	2,991	43,803
LONG-TERM DEBT			
Unamortized Premium and Discount on Long-Term Debt			
Obligations Under Capital Leases			
Advances from Affiliated Companies			
Long-Term Debt			
TOTAL LONG TERM DEBT	0	0	0
OTHER LIABILITIES AND DEFERRED CREDITS			
Unamortized Operating Investment Tax Cr.-Net			
Unamortized Nonoperating Investment Tax Cr.-Net			
Net Deferred Operating Income Taxes			
Net Deferred Nonoperating Income Taxes			
Other Deferred Credits			
TOTAL OTHER LIABILITIES & DEFERRED CREDITS	0	0	0
STOCKHOLDERS' EQUITY			
Capital Stock			
Other Paid-in Capital	35,500	0	(35,500)
Treasury Stock			
Retained Earnings	101,636	62,422	(39,214)
Proprietary Capital - Proprietorship and Partnership			
TOTAL STOCKHOLDERS EQUITY	137,136	62,422	(74,714)
TOTAL LIABILITIES & OTHER CREDITS	96,324	65,413	(30,911)

SCHEDULE: 3A

NOTES TO BALANCE SHEET

SCHEDULE: 4A

NOTES TO INCOME STATEMENT

SCHEDULE: 5

SERVICES INTRODUCED DURING YEAR	
INTRASTATE:	Travel Card - Calling Card
INTERSTATE:	Travel Card - Calling Card
SERVICES DISCONTINUED DURING YEAR	
INTRASTATE:	NONE
INTERSTATE:	NONE

1. Do you directly provide Operator Assistance for intrastate calls? NO
2. If yes, please cite tariff reference. N/A
3. Is the Operator Assistance for intrastate calls indirectly provided by another business entity? If so, please provide name of the entity and cite any available tariffs listing the rates of that entity.

CONQUEST OPERATOR SERVICES CORP., PUCO NO. 1 TARIFF

Instructions:

Revenues billed on the company's behalf by another entity should be included on this schedule if such revenue is included in the company's determination of taxable receipts for Ohio gross receipts tax purposes. If such revenue is not included by the company in the taxable receipts but is instead included in the taxable receipts of the billing entity, such revenue should not be included on this schedule.

SCHEDULE: 6

STATEMENT OF INTRASTATE-GROSS EARNINGS (1)				
Line No.	Item	Amount		
		Total Company	Other Than Ohio Intrastate	Ohio Intrastate
1	Operating and Miscellaneous Revenue (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.)	226,020	69,062	156,958
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.)	1,291	395	896
3	SUBTOTAL (1) + (2)	227,311	69,457	157,854
4	Earnings or receipts from sales to other public utilities for resale	(0)	(0)	(0)
5	TOTAL (3) + (4)	227,311	69,457	157,854
<p>(1) Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio.</p>				

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 OHIO
County of Franklin

JAMES E SOBWICK makes oath and says that
(Insert here the name of the affiant.)

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

of CONQUEST LONG DISTANCE CORP.
(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, 1992 to and including Dec 31, 1992.

[Handwritten Signature]
(Signature of affiant.)

Subscribed and sworn to before me, a Notary Public in and for the State and county named, this 7th day of May, 1993. My commission expires May 1 1995.

[Handwritten Signature]
(Signature of officer authorized to administer oaths.)
Cindy L. Wilkerson
Notary Public, State of Ohio

