

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> INTEREXCHANGE CARRIER | <input type="checkbox"/> PAGING |
| <input type="checkbox"/> Facilities Based | <input type="checkbox"/> 1-way |
| <input type="checkbox"/> Reseller | <input type="checkbox"/> 2-way |
| <input type="checkbox"/> Alternative Operator Services | <input type="checkbox"/> mobile |
| <input type="checkbox"/> CELLULAR | <input checked="" type="checkbox"/> COMPETITIVE ACCESS |
| <input type="checkbox"/> A-side | <input type="checkbox"/> OTHER (Describe): |
| <input type="checkbox"/> B-side | |

ANNUAL REPORT

OF

Toledo Area Telecommunications Services, Inc.

(Exact legal name of respondent)

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

5566 Southwyck Blvd.	Toledo	Lucas	Ohio	43614-1578
Address	City	County	State	Zip Code

(419) 385-8881

Phone: (Area Code) Number

same

(Address of principal business office at end of year)

TO THE PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE

YEAR ENDED DECEMBER 31, 1995

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

Bradley Mefferd, Treasurer 5566 Southwyck Blvd., Toledo, OH 43614

(419) 866-7218

To _____
Date _____ Time 855

WHILE YOU WERE OUT

M Brad Messard

of _____
Phone 419 866-7218

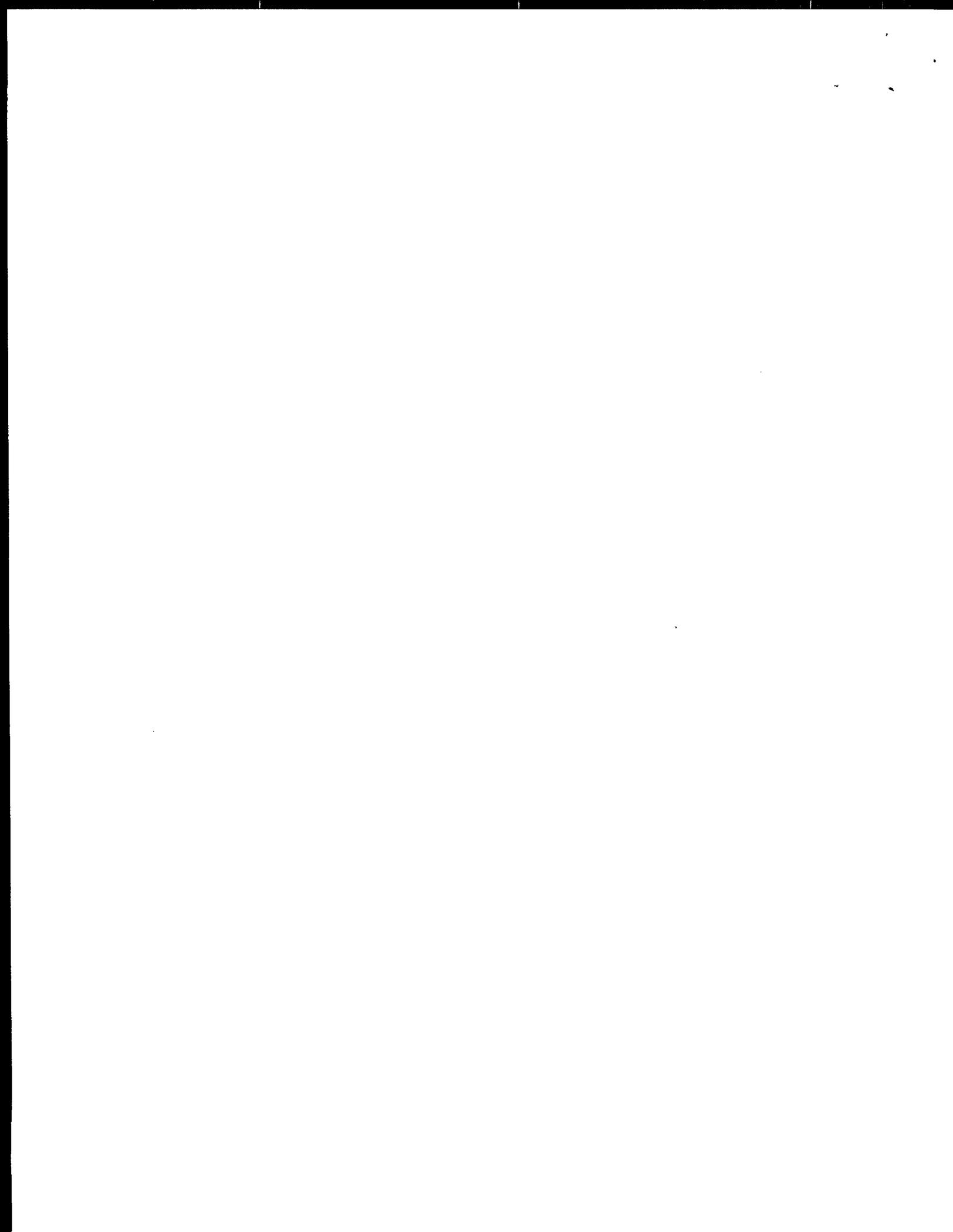
- | | |
|---|---|
| <input type="checkbox"/> TELEPHONED | <input checked="" type="checkbox"/> PLEASE CALL |
| <input type="checkbox"/> CALLED TO SEE YOU | <input type="checkbox"/> WILL CALL AGAIN |
| <input type="checkbox"/> WANTS TO SEE YOU | <input type="checkbox"/> URGENT |
| <input type="checkbox"/> RETURNED YOUR CALL | |

Message Buck
Toledo Area

Operator

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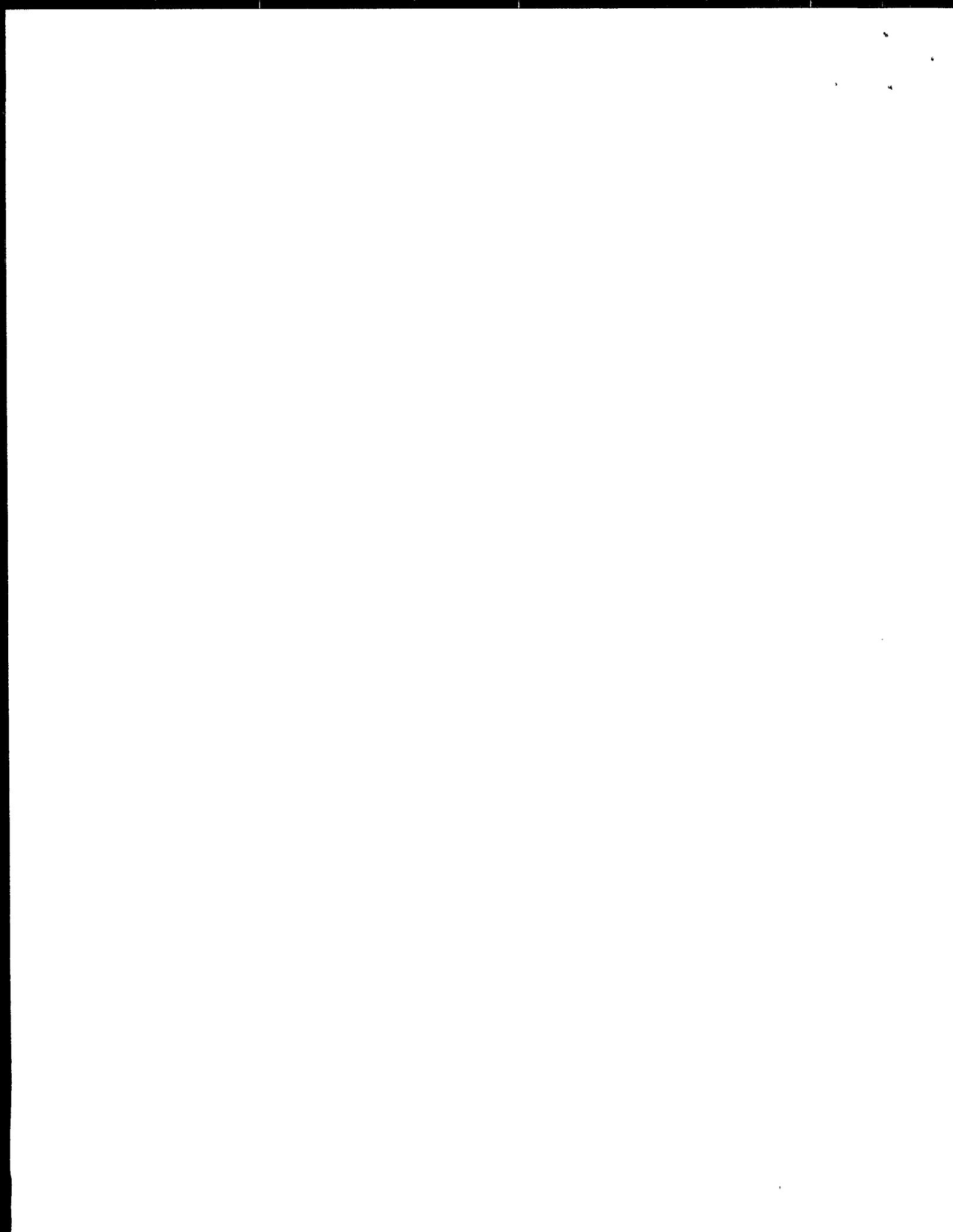
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Name, Address and Phone Number of the Company's Contact Persons and Whom Invoice Should be Directed.....	6
Verification.....	7



GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

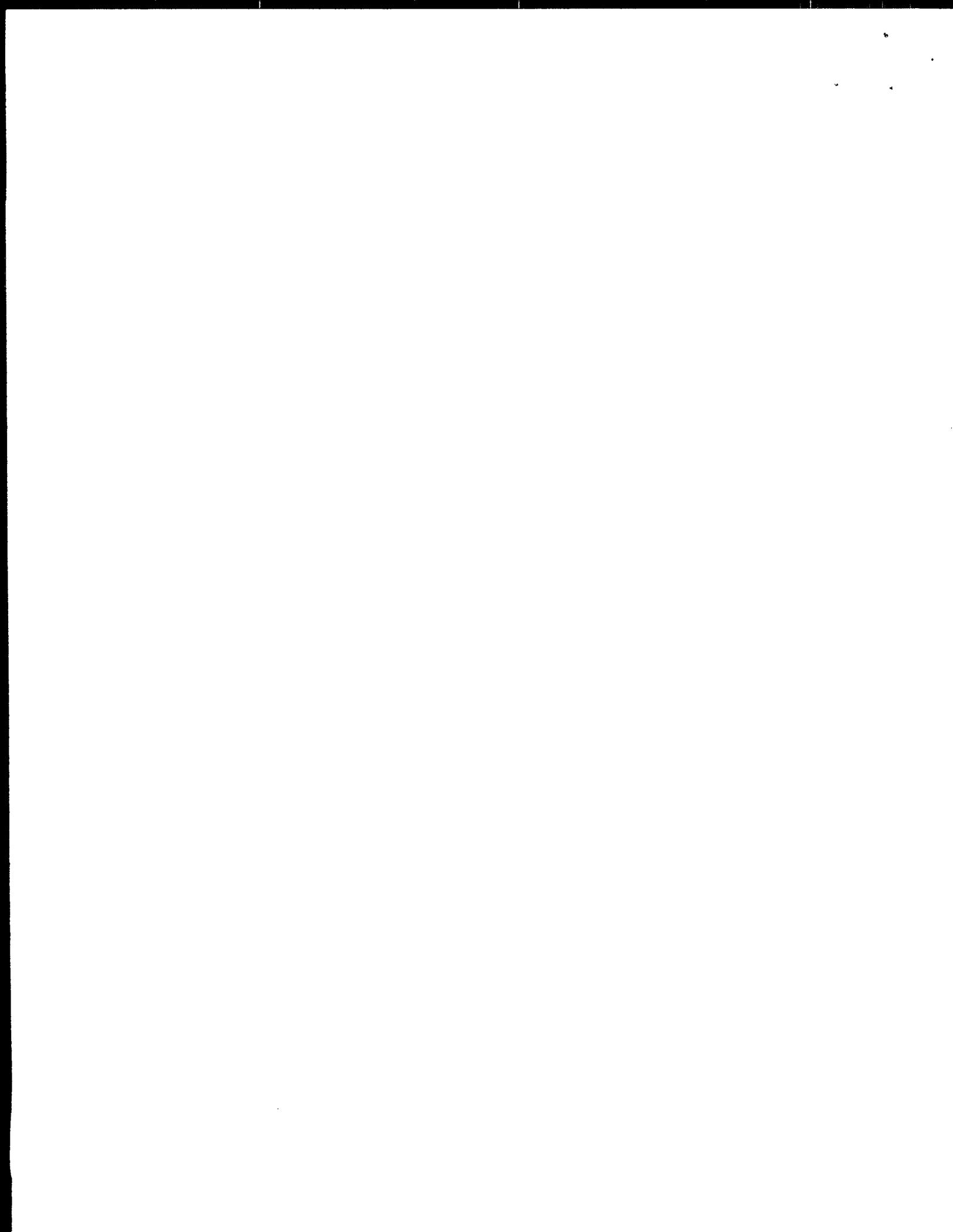
Please read the general instructions carefully before filling out this form:

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. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.
Corporation
2. Date when operations began. Have not begun yet.
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, March 29, 1994
(b) State in which incorporated, Ohio
5. Commission Case Number granting operating authority and date issued.
Case Number 95-156-CT-ACE dated March 17, 1995
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. No
7. General description of service territory served by respondent.
The following counties: Lucas, Wood, Ottawa, Erie, Sandusky, Henry and Fulton
8. Number of locations within Ohio.
One



IMPORTANT CHANGES DURING THE YEAR

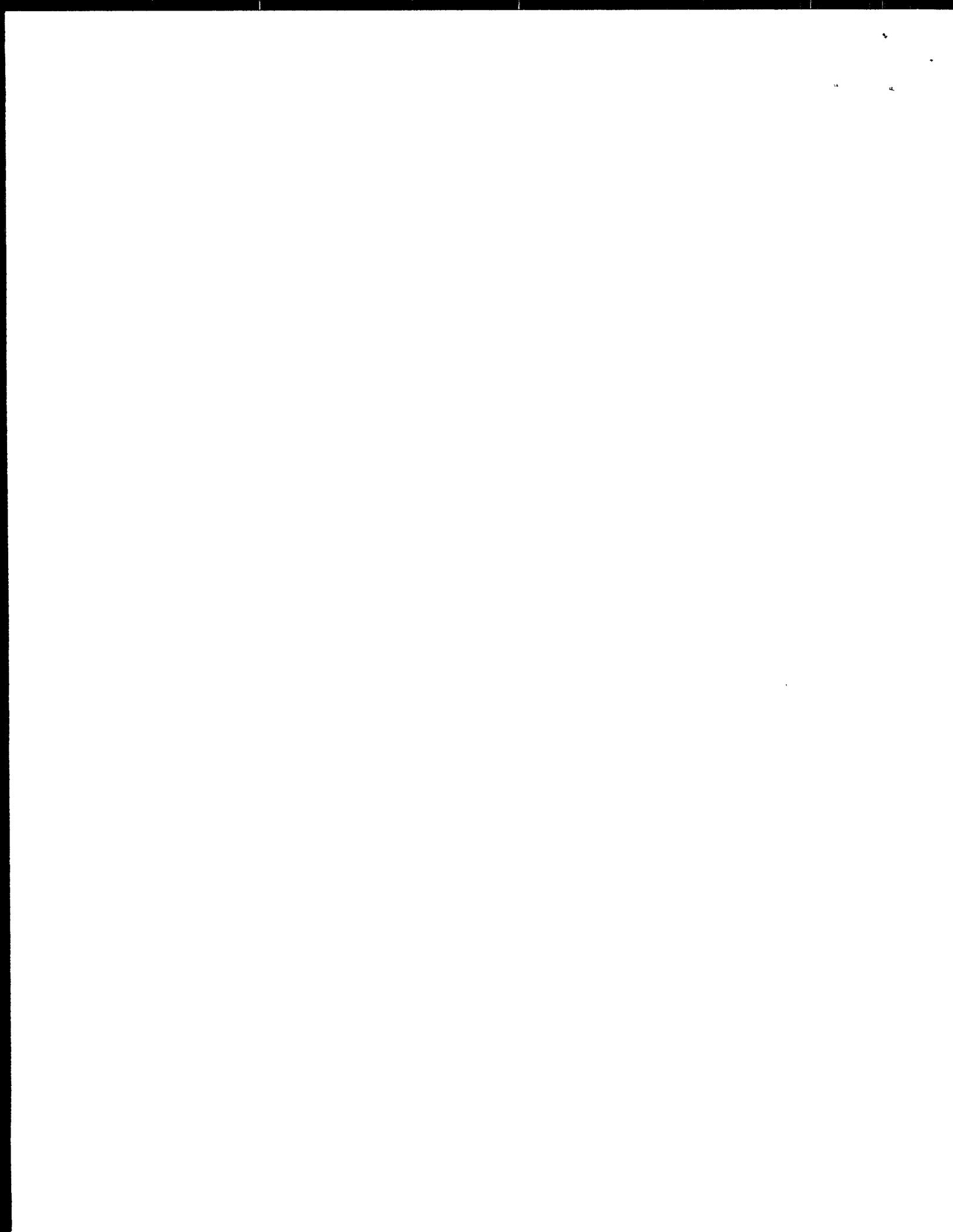
Report important changes of the types listed. Except as otherwise indicated data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information which answers an inquiry is given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

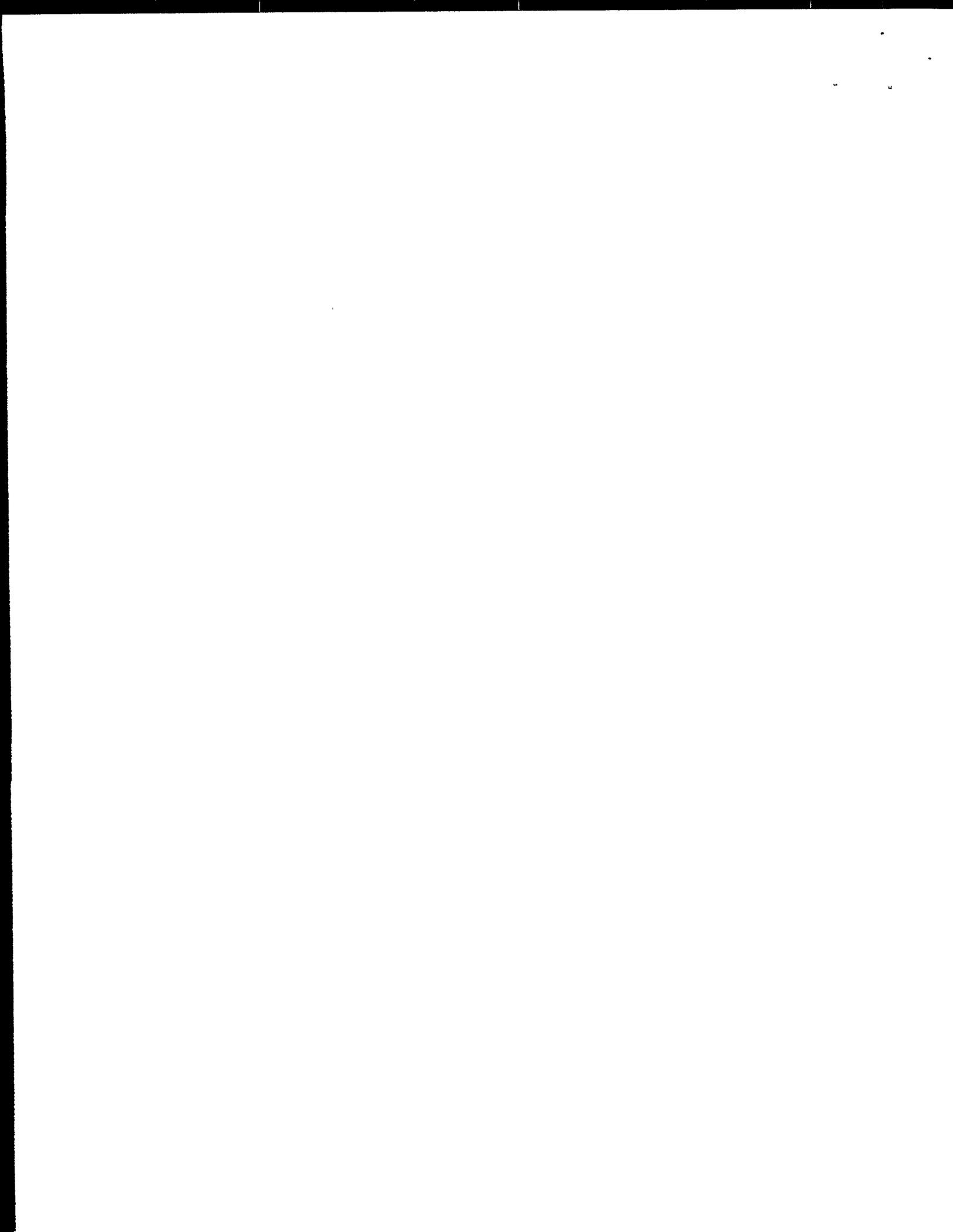
2. Other important changes: Give brief particulars of each other important change which is not disclosed elsewhere in this report.

None



SCHEDULE: 1

DIRECTORS, PROPRIETORS, PARTNERS			
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	Allan Block		
2	David Huey	3/29/94	12/31/96
3	James Dryden	3/29/94	12/31/96
4	Paul Shryock	3/29/94	12/31/96
5		3/29/94	12/31/96
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 Allan Block	21	Treasurer Bradley Mefferd
17	Name of Secretary of Board	22	Controller
18	President James Dryden		
19	Vice-President Paul Shryock		
20	Secretary Fritz Byers		



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: 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	SUBTOTAL (1) + (2)	- 0 -
4	Earnings or receipts from sales to other public utilities for resale	(- 0 -)
5	TOTAL (3) + (4)	- 0 -
<p>* Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio.</p>		



SCHEDULE: 3

NAME, ADDRESS, AND PHONE NUMBER OF THE COMPANY'S CONTACT PERSONS

Thomas Dawson
Name

5566 Southwyck Blvd., Toledo, OH 43614-1578
Address

(419) 866-5802
Phone Number (Including Area Code)

NAME ADDRESS, AND PHONE NUMBER OF PERSON TO WHOM INVOICE SHOULD BE DIRECTED

Bradley Mefferd
Name

5566 Southwyck Blvd., Toledo, OH 43614-1578
Address

(419) 866-7218
Phone Number (Including Area Code)



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 Lucas

James Dryden makes oath and says that
(Insert here the name of the affiant.)

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

of Toledo Area Telecommunications Services, 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, 1995, to and including Dec. 31, 1995.

James Dryden
(Signature of affiant.)

Vickie Opperman
2/21/96

VICKIE OPPERMAN
Notary Public, State of Ohio
My Commission Expires 3-1-99

