

# COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

- INTEREXCHANGE CARRIER
- COMPETITIVE ACCESS
- ALTERNATIVE OPERATOR SERVICE PROVIDER
- COMPETITIVE LOCAL EXCHANGE CARRIERS
- OTHER (Describe):

*Switchless Rebiller*

## 97-426-CT-RRJ ANNUAL REPORT

*(no cert. number)*

OF  
Association Administrators, Inc.

(Exact legal name of respondent)

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

Website URL:

180 East Main Street	Smithtown		NY	11787
Address	City	County	State	Zip Code
	631-724-9600			

Phone: (Area Code) Number

Smithtown NY 11787

(Address of principal business office at end of year)

### TO THE PUBLIC UTILITIES COMMISSION OF OHIO



RECEIVED  
MAY 25 2005  
CSFS

FOR THE

YEAR ENDED DECEMBER 31, 2004

Name, title, address, e-mail address, telephone and fax numbers (including area code) of the person to be contacted concerning this report.

Maxine Paul/TCS 1720 Windward Concour Suite 250 Alpharetta GA 30005

mpaul@tcsteam.com 678-775-2252 678-775-2254

RECEIVED - DOCUMENTS DIV  
2005 MAY 25 PM 1:11  
PUC

### 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.

**NA**

3. Identify any other names (other than shown on title page) under which respondent conducted any part of its business during the year.

**NA**

4. If incorporated specify:

- a. Date of filing of articles of incorporation. **05/17/1993**  
b. State in which incorporated. **DE**

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

**97-0426**

**05/16/1997**

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

**05/17/1997 - Operational**

7. If operational, identify Ohio counties where respondent is providing service.

**Statewide**

8. Identify separately the number of residential and business customers served by respondent. Identify voice, data, or other type services provided.

**9 Residential**

9. Identify if services are provided by resale (total service resale of local exchange company service) or facilities based (through respondent's own switch or via UNE platform), and names of Ohio counties where each type of service is provided.

**Statewide Resale**

10. Identify local exchange companies that respondent has interconnection agreements with to provide service in 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).  
**No changes**
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	Kevin Klepper				
2	180 East Main Street				
3	Smithtown	NY	11787		
4	Jean Doina				
5	180 East Main Street				
6	Smithtown	NY	11787		
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		N/A	21	Treasurer
17	Name of Secretary of Board		Jean Doina	22	Controller
18	President	Kevin Klepper			
19	Vice-President	Jean Doina			
20	Secretary	Jean Doina			

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.)	2244.50
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>	<b>2244.50</b>
4	Earnings or receipts from sales to other public utilities for resale	( )
5	<b>TOTAL (3) + (4)</b>	<b>2244.50</b>

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**

<b>Jean Doina</b>	<b>Regulatory Contact</b>
<hr/>	
Name	Title
180 East Main Street	Smithtown NY 11787
<hr/>	
Address	
631-697-0017	
<hr/>	
Phone Number (Including Area Code)	

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

<b>Jean Doina</b>	<b>Regulatory Contact</b>
<hr/>	
Name	Title
180 East Main Street	Smithtown NY 11787
<hr/>	
Address	
631-697-0017	
<hr/>	
Phone Number (Including Area Code)	

**Name and Address of the President**

<b>Kevin Klepper</b>	<b>President</b>
<hr/>	
Name	President
180 East Main Street	Smithtown NY 11787
<hr/>	
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 NEW YORK  
County of QUEENS

Jean Doina

\_\_\_\_\_ makes oath and says that

(Insert here the name of the affiant.)

he is \_\_\_\_\_

Vice President

(Insert here the official title of deponent)

of \_\_\_\_\_

Association Administrators, 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<sup>st</sup>, 2005, to and including Dec 31<sup>st</sup>, 2005.

Jean Doina  
\_\_\_\_\_  
(Signature of affiant.)

Sworn before me this  
23rd day of May 2005.

Edward Przybylski  
\_\_\_\_\_  
NOTARY PUBLIC

**EDWARD PRZYBYLSKI**  
Notary Public, State of New York  
No. 01PR4921628  
Qualified in Queens County  
Commission Expires Feb. 22, 2006