

98-9048

COMPETITIVE TELECOMMUNICATIONS SERVICE PROVIDERS

For the provision of (check all that apply):

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

ANNUAL REPORT

OF

Global Crossing Local Services, Inc.
(Exact legal name of respondent)

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

| | | | | |
|-----------------------------------|------------------|---------------|-----------------|--------------|
| <u>1080 Pittsford Victor Road</u> | <u>Pittsford</u> | <u>Monroe</u> | <u>New York</u> | <u>14646</u> |
| Address | City | County | State | Zip Code |

(5800) 836-7000

Phone: (Area Code) Number

1080 Pittsford Victor Road, Pittsford, NY 14534

(Address of principal business office at end of year)

TO THE
PUBLIC UTILITIES COMMISSION OF OHIO



PUCO

2005 APR 29 PM 3:16

RECEIVED-REGISTRATION DIV

FOR THE
YEAR ENDED DECEMBER 31, 2004__

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

Teresa S. Reff, Senior Financial Analyst, 1080 Pittsford Victor Road, Pittsford, New York 14534

(585) 255-1427

TABLE OF CONTENTS

| Title | Page |
|---|-------------|
| General Instructions..... | 1 |
| Identity of Respondent..... | 2 |
| Important Changes During The Year..... | 3 |
| Directors, Proprietors, Partners (Schedule 1)..... | 4 |
| Statement of Intrastate Gross Earnings (Revenue) For The Year (Schedule 2)..... | 5 |
| 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.

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,

Michigan 1/4/95

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

97-1572-TP-ACE 2/18/97

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.

N/A

7. General description of service territory served by respondent.

All areas of Ohio serviced

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

| 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 | See Attached Directors, Officers Report | | |
| 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 | 21 | Treasurer |
| 17 | Name of Secretary of Board | 22 | Controller |
| 18 | President | | |
| 19 | Vice-President | | |
| 20 | Secretary | | |

GLOBAL CROSSING LOCAL SERVICES, INC.

Corporate Officers/Directors Listing as of 12/31/04

DIRECTORS

| | | |
|--------------------|----------|--|
| Daniel P. O'Brien | Director | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |
| Mitchell C. Sussis | Director | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |

OFFICERS

| | | |
|---------------------|---------------------|---|
| David R. Carey | President | 1120 Pittsford Victor Road, Pittsford, NY 14534 |
| Neal Panzer | Treasurer | 435 W. Commercial Street, East Rochester, NY |
| Roger A. Kuebel | Treasurer | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |
| Mitchell C. Sussis | Secretary | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |
| Mitchell C. Sussis | Vice President | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |
| Michael Shortley | Vice President | 1080 Pittsford Victor Road, Pittsford, NY 14534 |
| Steven Caves | Vice President | 1120 Pittsford Victor Road, Pittsford, NY 14534 |
| Daniel James Wagner | Vice President | 1080 Pittsford Victor Road, Pittsford, NY 14534 |
| Dan Enright | Vice President | 100 Galleria Office, Suite 414, Southfield MI 48034 |
| Gary Breaninger | Vice President | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |
| Richard N. Kappler | Vice President-Tax | 1080 Pittsford Victor Road, Pittsford, NY 14534 |
| David Sheffey | Assistant Secretary | 200 Park Avenue, Suite 300, Florham Park, NJ 07932 |
| Kerry Lynch | Assistant Treasurer | 1221 Brickell Ave, 16th Floor, Miami, FL 33131 |

REGULATORY REPORTING CONTACT

Teresa S. Reff
1080 Pittsford Victor Road
Pittsford, New York 14534
phone: 585.255.1427
fax 585.381.7592
email: teresa.reff@globalcrossing.com

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.) | \$ 993,279 |
| 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) | \$ 993,279 |
| 4 | Earnings or receipts from sales to other public utilities for resale | (0) |
| 5 | TOTAL (3) + (4) | \$ 993,279 |

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

| | |
|---|-----------------------------|
| Diane Peters | Director Regulatory Affairs |
| Name | Title |
| 1080 Pittsford Victor Road, Pittsford, New York 14534 | |
| Address | |
| (585) 255.1425 | |
| Phone Number (Including Area Code) | |

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

| | |
|---|---|
| Teresa S. Reff | Senior Financial Analyst - Regulatory Affairs |
| Name | Title |
| 1080 Pittsford Victor Road, Pittsford, New York 14534 | |
| Address | |
| (585) 255-1427 | |
| Phone Number (Including Area Code) | |

Name and Address of the President

| | |
|---|-----------|
| David Carey | President |
| Name | Title |
| 1120 Pittsford Victor Road, Pittsford, New York 14534 | |
| 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 Monroe

Michael J. Shortley, III makes oath and says that
(Insert here the name of the affiant.)

he is Vice President and General Counsel North America
(Insert here the official title of deponent)

of Global Crossing Local 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 January 1, 2004, to and including December 31, 2004.


(Signature of affiant.)