



Public Utilities Commission

Annual Report to the Commission for Competitive Telecommunications Service Providers

INTEREXCHANGE CARRIER

ALTERNATIVE OPERATOR SERVICE PROVIDER

OTHER:

COMPETITIVE ACCESS

COMPETITIVE LOCAL EXCHANGE CARRIER

Certification Number: 90-6162

PUCOID Number: 301563

Annual Report for the Year ending December 31, 2014 of BCE Nexxia Corporation

Address:

1821 Walden Office Square
Schaumburg, IL 60173

Website URL:

N/A

Filed by:

Joey-Lynn Abdulkader
(613) 785-6314

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

Annual Report filings and instructions are available at:

www.puco.ohio.gov/puco/docketing/

STATEMENT OF INTRASTATE-GROSS EARNINGS

Amount		
Line No.	Item	Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Cellular Communications, Radio Common Carrier, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for other, rent revenue- nonoperating, return on regulated investment used to provide nonregulated productions and service, 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 accounting for on equity method, income from sinking and other funds, etc.)	\$0
3	SUBTOTAL (1) + (2)	\$0
4	Earning or receipts from sales to other public utilities for resale	\$0
5	Total (3) + (4)	\$0

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

Docketing Contact Information

joey-lynn.abdulkader@bcenexxia.com

Email

Joey-Lynn Abdulkader

Manager Regulatory Affairs

Name

Title

1821 Walden Office Square Suite 400 Schaumburg, IL 60173

Address

(613) 785-6314

Phone Number (including Area Code)

Fiscal Contact Information

joey-lynn.abdulkader@bcenexxia.com

Email

Joey-Lynn Abdulkader

Manager Regulatory Affairs

Name

Title

1821 Walden Office Square Suite 400 Schaumburg, IL 60173

Address

(613) 785-6314

Phone Number (including Area Code)



**Public Utilities
Commission**

**Affidavit for the Filing of the
Annual Report of a Regulated
Entity**

REQUIRED VERIFICATION:

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: Ontario
County of: Ottawa, Canada

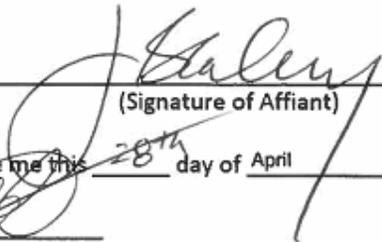
Affiant's Name: Jonathan Blakey
Affiant's Title: Vice-President Regulatory Matters
Reporting Entity: BCE Nexxia Corporation

OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: Joey-Lynn Abdulkader
Filer's Title: Manager Regulatory Affairs
Filer's Company: BCE Nexxia Corporation


(Signature of Affiant)

Sworn and subscribed before me this 28th day of April, 2015.


Signature of Notary
Print name of Notary: William Peter Abbott
My commission expires on: Indefinite

DECLARATION OF FILER:

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.


(Signature of Filer)

