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CLEC & IXC

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

RECEIVED
03/30/15
ARK PUBLIC SERVICE COMM
AUDIT SECTION

NAME Spectrotel, Inc.
(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 3535 State Hwy 66, Suite 7, Neptune, NJ 07753
(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY # 3200
(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION

COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2014

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission
Post Office Box 400
Little Rock, Arkansas 72203-0400

Submitted herewith is the annual report covering the operation of Spectrotel, Inc. (Company) of 3535 State Hwy 66, Suite 7, Neptune, NJ 07753 (Location) for the year ending December 31, 2014. This report is submitted in accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.
The following report has been carefully examined by me, and I have executed the verification given below.

(Signature)

VP/CFO
(Title)

VERIFICATION

STATE OF New Jersey)
) ss.
COUNTY OF Monmouth)

I, the undersigned, Ed Kazar, Vice President (Name and Title) of the Spectrotel, Inc. (Company), on my oath do say that the following report has been prepared under my direction from the original books, papers, and records of said utility: that I have carefully examined the same, and declare the same a complete and correct statement of the business and affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge, information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions for the period in this report.

(Signature)

Subscribed and sworn to before me this 19
day of March, 2015
My Commission Expires July 10, 2015

Louise Johnson
Notary Public of New Jersey
My Commission Expires July 10, 2015

(Signature of Notary)

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1. Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.

2 The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.

3 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."

4 Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.

5 Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.

6 This report will be scanned in. Please bind with clips only.

7 Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.

8 In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.

9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.

10 Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.

11 Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:

Name Mark Lammert, CPA **Title** Tax Preparer for Company

Address 740 Florida Central Parkway, Suite 2028, Longwood, FL 32750

Telephone Number 407-260-1011

E-Mail mark@csilongwood.com

Give the name, address, telephone number and e-mail address of the resident agent:

Name Corporation Service Company **Telephone Number** _____

Address 120 East Fourth Street, Little Rock, AR 72201

E-Mail _____

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:

   (a)

   (b) 3535 State Hwy 66, Suite 7
   Neptune, NJ 07753

3. Indicate by an **x** in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.

   (a) ( ) Electric, ( ) Gas, ( ) Water, (x) Telephone, ( ) Other

   (b) ( ) Proprietorship, ( ) Partnership, ( ) Joint Stock Association,
   (X) Corporation, ( ) Other (describe below):

4. If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.

   (a)

   (b)

5. If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:

   (a) Delaware

   (b) February 29,2000

   (c) Common law of Delaware

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars: No other names were used

7. State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like particulars as required of the respondent in inquiry No. 5 above:

   (a) The company is not a consolidated or merged company.

   (b)

   (c)

8. State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, giving full particulars.

   (a) The company is not a reorganized company.

   (b)

   (c)

   (d)

9. Was respondent subject to a receivership or other trust at any time during the year? If so, state: NO

   (a) Name of receiver or trustee: _____

   (b) Name of beneficiary or beneficiaries for whom trust was maintained:

   _____

   (c) Purpose of the trust: _____

   (d) Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) _____ (2) _____

10. Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year? NO If so,

    (a) Indicate the applicable one by an **X** in the proper space:

    ( ) Guarantor, ( ) Surety, ( ) Principal--obligor to a surety contract,
    ( ) Principal--obligor to a guaranty contract.

    (b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
		Beginning	End
Jack Dayan	3535 State Hwy 66, Suite 7 Neptune, NJ 07753	Inception of Company	Perpetual
Ed Kazar	3535 State Hwy 66, Suite 7 Neptune, NJ 07753	Inception of Company	Perpetual
Ross Artale	3535 State Hwy 66, Suite 7 Neptune, NJ 07753	Inception of Company	Perpetual

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
CEP/President	Jack Dayan	3535 State Hwy 66, Suite 7 Neptune, NJ 07753
Vice President	Ed Kazar	3535 State Hwy 66, Suite 7 Neptune, NJ 07753
Vice President	Ross Artale	3535 State Hwy 66, Suite 7 Neptune, NJ 07753

GROSS ASSESSABLE REVENUES	
Description	**Amount**
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	**$ 5,824**

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	SYSTEM	ARKANSAS
Residence		0
Business		30
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES		30
PBX Access Lines		
Coin or Credit Card Paystation Access Lines		
Company Official Access Lines (Numbers)		
TOTAL ACCESS LINES		

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

Vice President

REPORT TO ARKANSAS PUBLIC SERVICE COMMISSION

COMPANY CONTACTS

Company Information	
Company Name	Spectrotel, Inc.
dba	
Official Mailing Address	3535 State Hwy 66, Suite 7, Neptune, NJ 07753

AREA	PERSON TO CONTACT	PHONE #	FAX #	E-MAIL
Annual Report	Mark Lammert	407-260-1011	407-260-1033	mark@csilongwood.com
APSC Annual Assessment	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Tariffs	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Property Taxes	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com
Regulatory Affairs	Ed Kazar	732-345-7000	732-345-7893	ed.kazar@spectrotel.com

Please list the number of utility employees located in Arkansas **None** .