## IXC REGISTRATION FORM

(Please see attached supplement.)

Company Name	Comtel Telcom Assets L	omtel Telcom Assets LP d/b/a Excel Telecommunications	
Florida Secretary of State Registration No.		Not Yet Available	
Fictitious Name(s) as filed at Fla. Sec. of State		Not Yet Available	
Company Mailing Na	ame Comtel Telcom Ass c/o Paul Winters	Comtel Telcom Assets LP c/o Paul Winters	
Mailing Address	500 Boylston Stree	500 Boylston Street, 17 <sup>th</sup> Floor	
	Boston, Massachus	etts 02116	
Web Address www.excel.com (Uposupplement)		pon consummation of the transaction described in the	
E-mail Address	leeann.wilson@sowood.com (Lee Ann Wilson, Assistant Secretary)		
Physical Address	500 Boylston Street	500 Boylston Street, 17th Floor	
	Boston, Massachus	Boston, Massachusetts 02116	
Becky Gipson* Company Liaison			
Title	Director, Regulator	Director, Regulatory Affairs	
Phone	(972) 478-3309	(972) 478-3309	
Fax	(972) 478-3310	(972) 478-3310	
E-mail addr	ess bgipson@vartec.net	bgipson@vartec.net	
Becky Gipson*  Consumer Liaison to PSC			
Title	Director, Regulator	Director, Regulatory Affairs	
Address	2440 Marsh Lane, (	2440 Marsh Lane, Carrollton, Texas 75006	
Phone	(972) 478-3309	(972) 478-3309	
Fax	(972) 478-3310	(972) 478-3310	
E-mail addre	ess bgipson@vartec.net	bgipson@vartec.net	

## \* Anticipated Liaison

My company will fulfill its tariff requirements as required in Section 364.04, Florida Statutes, at a later date by providing name/address stickers in conjunction with the consummation of the transaction described in the attachments. I understand that my company must notify the Commission of any changes to the above information pursuant to Section 364.02, Florida Statutes. My company will owe Regulatory Assessment

COCUMENT NUMBER-DATE

09533 OCT-58

Fees for each year or partial year my registration is active pursuant to Section 364.336, Florida Statutes. My company will comply with Section 364.603, Florida Statutes, concerning carrier selection requirements, and Section 364.604, Florida Statutes, concerning billing practices.

Signature of Company Representative

Lee Ann Wilson

Printed/Typed Na

Printed/Typed Name of Representative

Date 10/4/05

Effective: 07/15/2003