

DEPOSIT  
D6 95

DATE  
JAN 26 1998  
ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT NOSC Corp

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS NOSC Corp

3. ADDRESS OF THE APPLICANT(S)

STREET 1201 U.S. Hwy. One (suite 200)

CITY North Palm Beach

STATE & ZIP CODE FL 33408

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

98  
JAN 26 PM 9 08  
RECEIVED

FIRST UNION NATIONAL BANK  
PALM BEACH GARDENS, FLORIDA

3987

63 64 1 870  
00657

NOSC CORP.  
1201 U.S. HWY 1 STE 200  
N. PALM BEACH, FL 33408

1/22/98

PAY TO THE ORDER OF

Florida Public Service Commission

\$ \*\*100.00

One Hundred and 00/100.....

DOLLARS

Florida Public Service Commission  
Betty Easley Bldg, c/o Records & Reportin  
2540 Shumard Oak Blvd.  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

MEMO NOSC Corp. Pay Telephone Certification Application

DEPOSIT  
D695

DATE  
JAN 26 1993  
ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 1. LEGAL NAME OF THE APPLICANT NOSC Corp  
980125-TC
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS NOSC Corp
- 3. ADDRESS OF THE APPLICANT(S)  
STREET 1201 U.S. Hwy. One (Suite 200)  
CITY North Palm Beach  
STATE & ZIP CODE FL 33408

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME NOSC Corp.

98 JAN 26 1993

<sup>311</sup>  
**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

ADDRESS 1201 U.S. Hwy. One (suite 200)  
N. Palm Beach, fl. 33408

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Arthur G. Smith Jr.  
TITLE: Operations Director  
PHONE: 561-624-3770

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

- NO -

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

Ma., N.H., Vir.,

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

- NO, we HAVE NEVER BEEN DENIED.

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

- NO -

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

- There have been no such improprieties

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK ✓ THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: ~~3~~ FOUR

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER DESCRIBE

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

*yes*

---

---

---

---

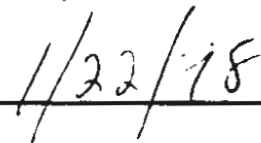
---

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.08, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:



**APPLICANT ACKNOWLEDGMENT FORM**

Applicant NOSC Corp.

***I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.***

Signature: Arthur Smith

Title: President / owner

Date: 1-22-98

***THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.***



ARTICLES OF MERGER

EFFECTIVE DATE  
9-30-96

93 SEP 13 PM 4:01

THESE ARTICLES OF MERGER are by and between NORTHEAST OPERATOR SERVICES CORP., a Massachusetts corporation, and NOSC CORP., a Florida corporation and are prepared pursuant to Florida Statutes Section 607.1105.

1. Attached hereto and made a part hereof as Exhibit "A" is a Plan of Merger.
2. The effective date of this merger shall be September 30, 1996.
3. Shareholder approval has been duly obtained from the Shareholders and Directors of NORTHEAST OPERATOR SERVICES CORP. and NOSC CORP., the surviving corporation after the merger. The Shareholders of NORTHEAST OPERATOR SERVICES CORP. adopted and approved the Plan of Merger on September 9, 1996 and the Shareholders and Directors of NOSC CORP. adopted and approved the Plan of Merger on September 6, 1996.

IN WITNESS WHEREOF, the parties hereto have caused these presences to be executed this 12 day of September, 1996.

Signed, sealed and delivered  
in the presence of:

Jen. C. ...  
JENNIFER ...

Kathleen M. ...  
Kathleen M. Froelich

NORTHEAST OPERATOR SERVICES CORP.

By: Arthur G. Smith  
Arthur G. Smith  
President

NOSC CORP.

By: Arthur G. Smith  
Arthur G. Smith  
President

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Merger, filed on September 18, 1996 effective September 30, 1996, for NOSC CORP., the surviving Florida corporation, as shown by the records of this office.

The document number of this corporation is P96000065631.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
First day of October, 1996



CR2EO22 (1-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State