

DEPOSIT

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JUN 12 1998

ATTACHMENT B

ORIGINAL

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Ameritech Payphone
Services, Inc. 980742-JC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____
Ameritech Payphone Services, Inc.

3. ADDRESS OF THE APPLICANT(S)
STREET 225 West Randolph Street
CITY Chicago
STATE & ZIP CODE Illinois 60606

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.

See Attachment No. 1

NAME: CT Corporation System

ADDRESS 1200 South Pine Island Road
Plantation, FL 33324

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98 JUN 12 AM 9:30
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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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: Tom Anselmini

TITLE: Account Manager

PHONE: (312) 727-4419

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.

N/A. Answer to Question 6 is "No."

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

Illinois, Indiana, Michigan, Ohio, Wisconsin, Minnesota,
Virginia, West Virginia, Pennsylvania, Kentucky

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

None

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

None

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

None

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.

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- | | |
|-----------------|---|
| LOCAL | <input checked="" type="checkbox"/> |
| LONG DISTANCE | <input checked="" type="checkbox"/> |
| COIN | <input checked="" type="checkbox"/> |
| CALLING CARD | <input checked="" type="checkbox"/> |
| CREDIT CARD | <input checked="" type="checkbox"/> |
| OTHER, DESCRIBE | <input checked="" type="checkbox"/> _____ |

Prepaid Card, FAX, as necessary

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 3500

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

- | | |
|-------------------------------------|-------------------------------------|
| PERSONALLY | <input type="checkbox"/> |
| FULL-TIME TECHNICIAN | <input checked="" type="checkbox"/> |
| PART-TIME TECHNICIAN | <input type="checkbox"/> |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input checked="" type="checkbox"/> |
| OTHER DESCRIBE | <input type="checkbox"/> |

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.)

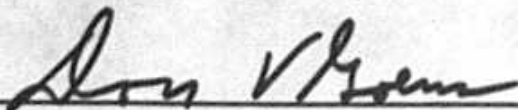
Yes

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. 837.06, 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: 6-2-98

APPLICANT ACKNOWLEDGMENT

Applicant Ameritech Payphone Services, Inc.

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

Signature: 

Title: General Manager, Sales and Service

Date: 6-2-98

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.

Att. No. 1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 13, 1998

CT CORPORATION SYSTEM

Qualification documents for AMERITECH PAYPHONE SERVICES, INC. were filed on May 13, 1998 and assigned document number F98000002728. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Jennifer Sindt
Document Examiner
Division of Corporations

Letter Number: 398A00026560

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 82314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ameritech Payphone Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware (State or country under the law of which it is incorporated) 3. 36-4001608 (FEI number, if applicable)

4. April 28, 1994 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 225 West Randolph Street, Chicago, Illinois 60606
(Current mailing address)

8. To provide payphone services. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System


(Registered agent's signature) (Officer)

Francis P. Regan, Ass. Secretary
(Type Name and Title of Officer)

FL-2189 - 11/16/94

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DIVISION OF CORPORATE AFFAIRS
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: The company is a close corporation managed by its
Address: sole stockholder, Ameritech Corporation, in lieu
of a Board of Directors.

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Bruce B Howat
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Bruce B Howat, Secretary
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATE AFFAIRS
98 MAY 13 PM 1:12

Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
Ameritech Payphone Services, Inc.**

1. Donald V Goens, President
225 West Randolph Street
Chicago, Illinois 60606
2. Michael L Johnson, VP & General Counsel
225 West Randolph Street
Chicago, Illinois 60606
3. Michael S Krol, Vice President
225 West Randolph Street
Chicago, Illinois 60606
4. Anne L Zaczek, VP & Chief Financial Officer
225 West Randolph Street
Chicago, Illinois 60606
5. John J Wholey, Vice President
225 West Randolph Street
Chicago, Illinois 60606
6. Bruce B Howat, Secretary
30 South Wacker Drive
Chicago, Illinois 60606
7. April Hanes-Dowd, Assistant Secretary
30 South Wacker Drive
Chicago, Illinois 60606

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY 13 PM 1:12

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JUN 12 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

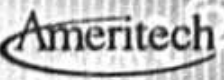
- LEGAL NAME OF THE APPLICANT Ameritech Payphone Services, Inc.
- NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Ameritech Payphone Services, Inc.
- ADDRESS OF THE APPLICANT(S)
STREET 225 West Randolph Street
CITY Chicago
STATE & ZIP CODE Illinois 60606
- TYPE OF ORGANIZATION (CHECK ONE)
 - INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

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Check Number **0002198744**


PAY DATE **06/09/98**

Bank One
Member FDIC

PAY ONE HUNDRED AND 00/100 DOLLARS

\$ KKKKKKKKKK100.00

To the Order of **FLORIDA PUBLIC SERVICE COMMISSION**
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399


 AUTHORIZED SIGNATURE
 DOCUMENT NUMBER - DATE
06239 JUN 12 98