

**ORIGINAL**

**Interexchange Company Regulatory Assessment Fee Return**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
JCL*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ430-01-0-R  
eGCS  
45 High Street  
Nashua, NH 03060-3312  
**DEPOSIT** DATE  
**D219** **MAY 31 2002**

**FOR PSC USE ONLY**  
Check# 1789  
\$ 50.00 0603001  
\$ 10.00 P 003001  
\$ 2.00 I 0603001  
004011  
Postmark Date 5/22/02  
Initials of Preparer MC

PERIOD COVERED:  
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

Enhanced Global Convergence Services (Name of Company) 45 High St. (Address) Nashua, NH 03060 (City/State)  (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	<b>TOTAL Telephone Services</b>	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )	( )
8.	<b>TOTAL REVENUES</b> For Regulatory Assessment Fee Calculation		
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	<b>TOTAL AMOUNT DUE</b>		\$ <u>0.00</u> <u>\$62.00</u>

\* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

**CURRENT COMPANY STATUS**

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: transaction processing

**BILLING INFORMATION**

Complete below if billing agent is other than yourself.

(Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_  
What is the total amount of customer deposits collected? Amount: \$ 0 for 19 N/A  
What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires: N/A

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES  NO  
If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
Address: \_\_\_\_\_

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH Henry

K. Harris  
(Signature of Company Official)  
Kristine Harris  
(Preparer of Form - Please Print Name)

VP HR/ENR. (Title) 5/20/02 (Date)  
Telephone Number (603) 889-8411 Fax Number (603) 598-5511  
F.E.I. No. 02-0510272

DOCUMENT NUMBER-DATE

**05688 MAY 30 02**

FPSC-COMMISSION CLERK