

001000-17
ORIGINAL

Shared-Tenant Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

T. Williams - CMP
✓ REA

DEPOSIT DATE
 TS190-02-0-R **D2924** JAN 23 2003
 HQ Global Workplaces
 % HQ Global Workplaces - Tax Dept.
 1000 Mansell Exchange West, Suite 250
 Alpharetta, GA 30022-8260

FOR PSC USE ONLY
 Check# 627937
 \$ 50.00 0603003
 003001
 \$ _____ P
 0603003
 004011
 \$ _____
 Postmark Date 1/17/03
 Initials of Preparer MC

PERIOD COVERED:
01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

1/0 HQ Global Workplaces - Tax Dept. 12600 Deerfield Parkway, Ste. 100 Alpharetta, GA 30004
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ <u>0</u>
2.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2)	<u>0</u>
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	<u>50.00</u>
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	_____
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	TOTAL AMOUNT DUE	\$ <u>50.00</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

AUS 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 official duty shall be guilty of a misdemeanor of the second degree.

COM Mae McCarty
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC _____
OTH Nodrus No. 10

(Signature of Company Official)

Director of Tax 1-10-03
(Title) (Date)

DOCUMENT NUMBER - DATE

Telephone Number () _____ Fee Number 00710 JAN 23 03

F E I No _____ FPSC COMMISSION CLERK