

# EARLY, LENNON, CROCKER & BARTOSIEWICZ, P.L.C.

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ROBERT M. TAYLOR  
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THOMAS A. BIRKHOLO  
RUSSELL B. BAUGH  
ANDREW J. VORBRICH  
TYREN R. CUDNEY

OF COUNSEL  
JOHN T. PETERS, JR.  
THOMPSON BENNETT  
(1912-2004)  
VINCENT T. EARLY  
(1922-2001)  
JOSEPH J. BURGIE  
(1926-1992)

April 25, 2007

Elizabeth Rolando, Chief Clerk  
Illinois Commerce Commission  
527 East Capitol Avenue  
Springfield, IL 62701

Re: CONEXION MUNDIAL, INC.  
D/B/A WORLD CONNECT D/B/A EL MUNDO CONECTA  
APPLICATION FOR A CERTIFICATE OF INTEREXCHANGE SERVICE AUTHORITY  
TO OPERATE AS A RESELLER OF TELECOMMUNICATIONS SERVICES WITHIN  
THE STATE OF ILLINOIS

Dear Ms. Rolando:

Attached electronically for filing with the Commission, please find the above referenced corporation's Application for a Certificate of Interexchange Service Authority to Operate as a Reseller of Telecommunications Services within the State of Illinois.

Should you have any questions, please me.

Very truly yours,

EARLY, LENNON, CROCKER & BARTOSIEWICZ, P.L.C.

Patrick D. Crocker

PDC/pas

CONEXION MUNDIAL, INC :  
d/b/a World Connect :  
d/b/a El Mundo Conecta : Docket No.  
Application for a certificate of interexchange authority to :  
operate as a reseller of telecommunications services within :  
the State of Illinois.

APPLICATION FOR CERTIFICATE TO BECOME A  
TELECOMMUNICATIONS CARRIER  
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) Conexion Mundial, Inc. FEIN 38-3281516  
d/b/a World Connect d/b/a El Mundo Conecta

Address: Street 225 Dyckman Avenue, Suite 8

City South Haven State/Zip MI 49090

2. Authority Requested: (Mark all that apply)  13-403 Facilities Based Interexchange  
 13-404 Resale of Local and/or Interexchange  
 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explaining why Applicant is requesting each waiver/variance.

- Part 710 Uniform System of Accounts for Telecommunications Carriers  
 Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois  
 Section 735.180 Directories  
 Other \_\_\_\_\_

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following: **Interexchange only. Not applicable.**
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
  - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
  - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
  - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

**Statewide**

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6. Please attach a sheet designating contact persons to work with Staff on the following:

- (a) issues related to processing this application
- (b) consumer issues
- (c) customer complaint resolution
- (d) technical and service quality issues
- (e) "tariff" and pricing issues
- (f) 9-1-1 issues
- (g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

**Attached as Exhibit A**

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7. Please check type of organization?

- Individual  
 Partnership

Corporation

Date corporation was formed **01/17/1996**

In what state? **Michigan**

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Other (Specify) \_\_\_\_\_

8. Submit a copy of articles of incorporation/organization and a copy of certificate of authority to transact business in Illinois.

**Attached as Exhibit B.**

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9. List jurisdictions in which Applicant is offering service(s).

**None**

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10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

YES (Please provide details)

NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

YES             NO

If YES, describe fully. \_\_\_\_\_

12. Has Applicant provided service under any other name?

YES             NO

If YES, please list. \_\_\_\_\_

13. Will the Applicant keep its books and records in Illinois?

YES             NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

**MANAGERIAL**

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be either in narrative form, resumes of key personnel, or a combination of these forms.

**Attached as Exhibit C**

15. List officers of Applicant.

<b><u>Krista K. Crocker</u></b>	<b><u>President / Director</u></b>
<b><u>Patrick D. Crocker</u></b>	<b><u>Secretary</u></b>
<b><u>Andrew Thompson</u></b>	<b><u>Vice President / Treasurer</u></b>

16. Does any officer of Applicant have an ownership or other interest in any other entity, which has provided or is currently providing telecommunications services?

YES             NO

If YES, list entity. **Tuebor, Inc. – Patrick D. Crocker , President**  
**VOIP Telecom, LLC – Krista Crocker, President**

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

**Applicant will bill on a monthly basis.**

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

**Service, billing and repair complaints can be reached through a toll free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution. Repairs and maintenance will be performed by the Applicant's underlying carriers.**

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?

YES       NO

20. What telephone number(s) would a customer use to contact your company?

**888-349-7594**

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

YES       NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

**Applicant confirms all orders to change long distance service in accordance with one of three verification processes established by the FCC.**

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

YES       NO      (If no, please provide an explanation.) **Not applicable, interexchange only.**

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

YES       NO

## FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

**Attached as Exhibit D**

**TECHNICAL**

26. Does Applicant utilize its own equipment and/or facilities?

YES             NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

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If NO, which facility provider's services does the Applicant intend to use?

**AT&T**

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27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

**Applicant will provide the resale of long distance.**

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28. Will technical personnel be available at all times to assist customers with service problems?

YES             NO.

**Applicant will be available during normal business hours to assist with customer service problems.**

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29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls?

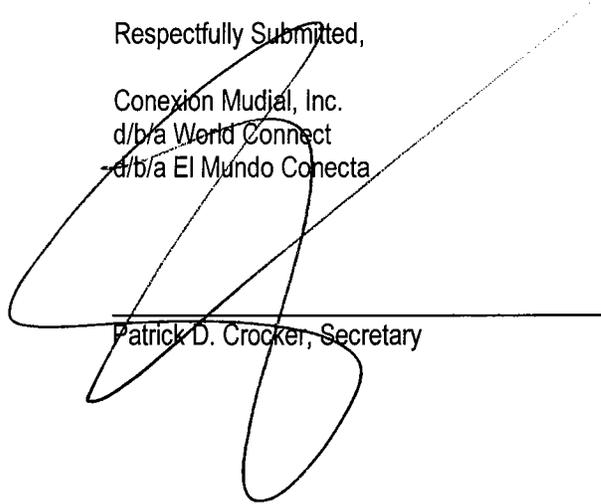
YES             NO.

**Not Applicable**

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Respectfully Submitted,

Conexion Mundial, Inc.  
d/b/a World Connect  
-d/b/a El Mundo Conecta



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Patrick D. Crocker, Secretary

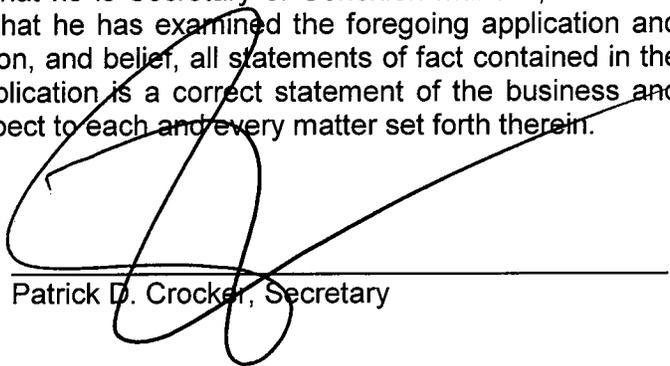
**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of **MICHIGAN** )  
 ) ss  
County of **KALAMAZOO** )

Patrick D. Crocker makes oath and says that he is Secretary of Conexion Mundial, Inc. d/b/a World Connect d/b/a El Mundo Conecta, that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

  
\_\_\_\_\_  
Patrick D. Crocker, Secretary

Subscribed and sworn to before me, a Notary Public

in the State and County above named, this

25<sup>th</sup> day of April 2007.

  
\_\_\_\_\_

Paula A. Schneider  
Kalamazoo County, Michigan  
Acting in Kalamazoo County  
My Commission Expires: June 24, 2011

## **EXHIBITS**

- Exhibit A**      Contact Persons to Work with Staff
- Exhibit B**      Articles of Organization and Certificate of Authority
- Exhibit C**      Managerial and Technical Resources
- Exhibit D**      Financial Information

**EXHIBIT A**

**Contact Persons**

**Contact persons to work with Staff on the following:**

1. issues related to processing this application;
  - (i) Name: Patrick D. Crocker
  - (ii) Title: Secretary
  - (iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: pcrocker@earlylennon.com
  
2. consumer issues
  - (i) Name: Krista K. Crocker
  - (ii) Title: President
  - (iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: kristacrocker@aol.com
  
3. consumer complaint resolution
  - (i) Name: Krista K. Crocker
  - (ii) Title: President
  - (iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: kristacrocker@aol.com
  
4. technical and service quality issues
  - (i) Name: Krista K. Crocker
  - (ii) Title: President
  - (iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: kristacrocker@aol.com
  
5. "Tariff" and pricing issues
  - (i) Name: Krista K. Crocker
  - (ii) Title: President
  - (iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: kristacrocker@aol.com

6. 9-1-1 issues
  - (i) Name: Krista K. Crocker
  - (ii) Title: President
  - iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: kristacrocker@aol.com
  
7. security/law enforcement
  - (i) Name: Krista K. Crocker
  - (ii) Title: President
  - iii) Mailing Address: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090
  - (iv) Telephone: 888-349-7594
  - (v) Facsimile: 269-385-3825
  - (vi) E-mail: kristacrocker@aol.com

**EXHIBIT B**

**Articles of Organization**

**Certificate of Authority to Transact Business In Illinois**

# ***Michigan Department of Labor & Economic Growth***

## ***Filing Endorsement***

***This is to Certify that the CERTIFICATE OF AMENDMENT - CORPORATION***

***for***

***CONEXION MUNDIAL, INC.***

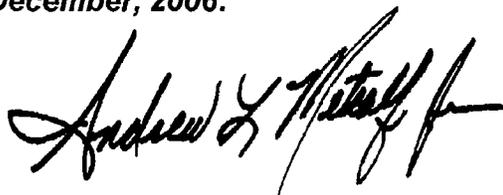
***ID NUMBER: 362963***

***received by facsimile transmission on December 28, 2006 is hereby endorsed***

***Filed on December 29, 2006 by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***

***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 29TH day of December, 2006.***



***, Director***



BCS/CD-515 (Rev. 12/05)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES		
Date Received	(FOR BUREAU USE ONLY)	
	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name		
Address		
City	State	ZIP Code
		EFFECTIVE DATE:

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

### CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

For use by Domestic Profit and Nonprofit Corporations  
(Please read information and instructions on the last page)

*Pursuant to the provisions of Act 284, Public Acts of 1972, (profit corporations), or Act 162, Public Acts of 1982 (nonprofit corporations), the undersigned corporation executes the following Certificate:*

1. The present name of the corporation is:	The South Haven Company, Inc.
2. The identification number assigned by the Bureau is:	362963

3. Article <u>1</u> of the Articles of Incorporation is hereby amended to read as follows:
The name of the corporation is:  Conexion Mundial, Inc.

ACS/CO-515 (Rev. 12/05)

**COMPLETE ONLY ONE OF THE FOLLOWING:**

**4. (For amendments adopted by unanimous consent of incorporators before the first meeting of the board of directors or trustees.)**

The foregoing amendment to the Articles of Incorporation was duly adopted on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in accordance with the provisions of the Act by the unanimous consent of the incorporator(s) before the first meeting of the Board of Directors or Trustees.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

**5. (For profit and nonprofit corporations whose Articles state the corporation is organized on a stock or on a membership basis.)**

The foregoing amendment to the Articles of Incorporation was duly adopted on the \_\_\_\_\_ 28th \_\_\_\_\_ day of \_\_\_\_\_ December \_\_\_\_\_, 2006, by the shareholders if a profit corporation, or by the shareholders or members if a nonprofit corporation (check one of the following)

- at a meeting the necessary votes were cast in favor of the amendment.
- by written consent of the shareholders or members having not less than the minimum number of votes required by statute in accordance with Section 407(1) and (2) of the Act if a nonprofit corporation, or Section 407(1) of the Act if a profit corporation. Written notice to shareholders or members who have not consented in writing has been given. (Note: Written consent by less than all of the shareholders or members is permitted only if such provision appears in the Articles of Incorporation.)
- by written consent of all the shareholders or members entitled to vote in accordance with section 407(3) of the Act if a nonprofit corporation, or Section 407(2) of the Act if a profit corporation.
- by consents given by electronic transmission in accordance with Section 407(3) if a profit corporation.
- by the board of a profit corporation pursuant to section 611(2).

**Profit Corporations and Professional Service Corporations**

Signed this 28th day of December, 2006

By \_\_\_\_\_  
(Signature of an authorized officer or agent)

Patrick D. Crocker

\_\_\_\_\_  
(Type or Print Name)

**Nonprofit Corporations**

Signed this \_\_\_\_\_ day of \_\_\_\_\_

By \_\_\_\_\_  
(Signature President, Vice-President, Chairperson or Vice-Chairperson)

\_\_\_\_\_  
(Type or Print Name)

MICHIGAN DEPARTMENT OF COMMERCE - CORPORATION AND SECURITIES BUREAU <span style="float: right;">w</span>		
Date Received		(FOR BUREAU USE ONLY)
<b>JAN 16 1996</b>		<b>FILED</b>
		<b>JAN 17 1996</b> Administrator MICHIGAN DEPARTMENT OF COMMERCE Corporation & Securities Bureau
Name _____ Address _____ City _____ State _____ Zip Code _____		
EFFECTIVE DATE: _____		

◀ Document will be returned to the name and address you enter above ▶

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**ARTICLES OF INCORPORATION**  
**For use by Domestic Profit Corporations**  
 (Please read information and instructions on the last page)

*Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned corporation executes the following Articles:*

**ARTICLE I**

The name of the corporation is: The South Haven Company, Inc.
------------------------------------------------------------------

**ARTICLE II**

The purpose or purposes for which the corporation is formed is to engage in any activity within the purposes for which corporations may be formed under the Business Corporation Act of Michigan.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**ARTICLE III**

The total authorized shares:
1. Common Shares <u>50,000</u>
Preferred Shares _____
2. A statement of all or any of the relative rights, preferences and limitations of the shares of each class is as follows:

w

**ARTICLE IV**

1. The address of the registered office is:

900 Comerica Building Kalamazoo , Michigan 49007-4752  
(Street Address) (City) (ZIP Code)

2. The mailing address of the registered office, if different than above:

\_\_\_\_\_, Michigan \_\_\_\_\_  
(Street Address or P.O. Box) (City) (ZIP Code)

3. The name of the resident agent at the registered office is: David G. Crocker

**ARTICLE V**

The name(s) and address(es) of the incorporator(s) is (are) as follows:

Name	Residence or Business Address
David G. Crocker	900 Comerica Bldg., Kalamazoo, MI 49007-4752

**ARTICLE VI (Optional. Delete if not applicable)**

When a compromise or arrangement or a plan of reorganization of this corporation is proposed between this corporation and its creditors or any class of them or between this corporation and its shareholders or any class of them, a court of equity jurisdiction within the state, on application of this corporation or of a creditor or shareholder thereof, or on application of a receiver appointed for the corporation, may order a meeting of the creditors or class of creditors or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, to be summoned in such manner as the court directs. If a majority in number representing 3/4 in value of the creditors or class of creditors, or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or a reorganization, agree to a compromise or arrangement or a reorganization of this corporation as a consequence of the compromise or arrangement, the compromise or arrangement and the reorganization, if sanctioned by the court to which the application has been made, shall be binding on all the creditors or class of creditors, or on all the shareholders or class of shareholders and also on this corporation.

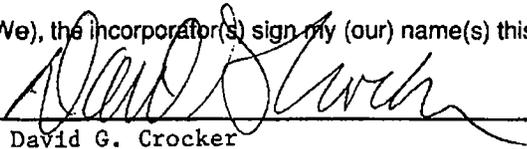
**ARTICLE VII (Optional. Delete if not applicable)**

Any action required or permitted by the Act to be taken at an annual or special meeting of shareholders may be taken without a meeting, without prior notice, and without a vote, if consents in writing, setting forth the action so taken, are signed by the holders of outstanding shares having not less than the minimum number of votes that would be necessary to authorize or take the action at a meeting at which all shares entitled to vote on the action were present and voted. The written consents shall bear the date of signature of each shareholder who signs the consent. No written consents shall be effective to take the corporate action referred to unless, within 60 days after the record date for determining shareholders entitled to express consent to or to dissent from a proposal without a meeting, written consents dated not more than 10 days before the record date and signed by a sufficient number of shareholders to take the action are delivered to the corporation. Delivery shall be to the corporation's registered office, its principal place of business, or an officer or agent of the corporation having custody of the minutes of the proceedings of its shareholders. Delivery made to a corporation's registered office shall be by hand or by certified or registered mail, return receipt requested.

Prompt notice of the taking of the corporate action without a meeting by less than unanimous written consent shall be given to shareholders who would have been entitled to notice of the shareholder meeting if the action had been taken at a meeting and who have not consented in writing.

Use space below for additional Articles or for continuation of previous Articles. Please identify any Article being continued or added. Attach additional pages if needed.

I, (We), the incorporator(s) sign my (our) name(s) this 12th day of January, 19 96.

  
\_\_\_\_\_

David G. Crocker

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person or organization  
remitting fees:

EARLY, LENNON, PETERS & CROCKER, P.C.

900 Comerica Building  
Kalamazoo, MI 49007-4752

Preparer's name and business  
telephone number:

David G. Crocker

(616 ) 381-8844

**INFORMATION AND INSTRUCTIONS**

1. The articles of incorporation cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Corporation and Securities Bureau. The original will be returned to the address appearing in the box on the front as evidence of filing.  
  
Since this document will be maintained on optical disk media, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
3. This document is to be used pursuant to the provisions of Act 284, P.A. of 1972, by one or more persons for the purpose of forming a domestic profit corporation.
4. Article I - The corporate name of a domestic profit corporation is required to contain one of the following words or abbreviations: "Corporation", "Company", "Incorporated", "Limited", "Corp.", "Co.", "Inc.", or "Ltd."
5. Article II - State, in general terms, the character of the particular business to be carried on. Under section 202(b) of the Act, it is sufficient to state substantially, alone or with specifically enumerated purposes, that the corporation may engage in any activity within the purposes for which corporations may be formed under the Act. The Act requires, however, that educational corporations state their specific purposes.
6. Article III - Indicate the total number of shares which the corporation has authority to issue. If there is more than one class or series of shares, state the relative rights, preferences and limitations of the shares of each class in Article III(2).
7. Article IV - A post office box may not be designated as the address of the registered office.
8. Article V - The Act requires one or more incorporators. Educational corporations are required to have at least three (3) incorporators. The address(es) should include a street number and name (or other designation), city and state.
9. The duration of the corporation should be stated in the articles only if the duration is not perpetual.
10. This document is effective on the date endorsed "filed" by the Bureau. A later effective date, no more than 90 days after the date of delivery, may be stated as an additional article.
11. The articles must be signed in ink by each incorporator. The names of the incorporators as set out in article V should correspond with the signatures.
12. **FEES:** Make remittance payable to the State of Michigan. Include corporation name on check or money order.

NONREFUNDABLE FEE .....	\$10.00
ORGANIZATION FEE: first 60,000 authorized shares or portion thereof .....	\$50.00
<b>TOTAL MINIMUM FEE</b> .....	<b>\$60.00</b>
<b>ADDITIONAL ORGANIZATION FEE FOR AUTHORIZED SHARES OVER 60,000:</b>	
each additional 20,000 authorized shares or portion thereof .....	\$30.00
maximum fee for first 10,000,000 authorized shares .....	\$5,000.00
each additional 20,000 authorized shares or portion thereof in excess of 10,000,000 shares .....	\$30.00
maximum fee per filing for authorized shares in excess of 10,000,000 shares .....	\$200,000.00

13. Mail form and fee to:

Michigan Department of Commerce  
Corporation and Securities Bureau  
Corporation Division  
P.O. Box 30054  
Lansing, MI 48909-7554

The office is located at:

6546 Mercantile Way  
Lansing, MI 48910  
Telephone: (517) 334-6302

FORM **BCA 13.15** (rev. Dec. 2003)  
 APPLICATION FOR AUTHORITY TO  
 TRANSMIT BUSINESS IN ILLINOIS  
 Business Corporation Act

Jesse White, Secretary of State  
 Department of Business Services  
 Springfield, IL 62756  
 Telephone (217) 782-1834  
 www.cyberdriveillinois.com

**FILED**

**MAR 01 2007**

**JESSE WHITE  
 SECRETARY OF STATE**

Remit payment in the form of a cashier's  
 check, certified check, money order  
 or an Illinois attorney's or CPA's check  
 payable to the Secretary of State.  
**SEE NOTE 1 CONCERNING PAYMENT!**

05355604  
 File #

Filing Fee \$ 150.00 Franchise Tax \$ 25.00 Penalty/Interest \$ - Total \$ 175.00 Approved: SP  
 \_\_\_\_\_ Submit in duplicate \_\_\_\_\_ Type or Print clearly in black ink \_\_\_\_\_ Do not write above this line \_\_\_\_\_

1. (a) CORPORATE NAME: CONEXION MUNDIAL, INC.

(Complete item 1 (b) only if the corporate name is not available in this state.)

(b) ASSUMED CORPORATE NAME: \_\_\_\_\_  
 (By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the  
 transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation Michigan; Date of Incorporation Jan. 17, 1996; Period of Duration perpetual

3. (a) Address of the principal office, wherever located: 225 Dyckman Avenue, Suite 8  
South Haven, MI 49090  
 (b) Address of principal office in Illinois: NONE  
 (If none, so state)

4. Name and address of the registered agent and registered office in Illinois.

Registered Agent: Corporation Service Company  
 First Name Middle Initial Last name  
 Registered Office: 422 North Northwest Highway  
 Number Street Suite # (A.P.O. Box alone is not acceptable.)  
Park Ridge, IL 60068  
 City ZIP Code County

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation)  
MI

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.)

	Name	No. & Street	City	State	ZIP
President	Krista Crocker,	225 Dyckman Avenue, Suite 8,	South Haven,	MI	49090
Secretary	Patrick D. Crocker,	900 Comerica Building,	Kalamazoo,	MI	49007
Director	Krista Crocker,	225 Dyckman Avenue, Suite 8,	South Haven,	MI	49090
Director					
Director					

7 The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

To provide telecommunication services

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
Common	---	No par value	50,000	1,000

(If more, attach list)

9 Paid-in Capital: \$ 1,000.00  
("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property\* of the corporation for the following year: \$ 100,000.00
- (b) Give an estimate of the total value of all the property\* of the corporation for the following year that will be located in Illinois: \$ 1,000.00
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 1,000,000.00
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ 100,000.00

11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time? No
- (b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois:

12 This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated 2-8-07 2007  
 (Month & Day) (Year)

[Signature]  
 (Any Authorized Officer's Signature)

Patricia Crockett Secretary  
 (Print Name and Title)

CONEXION MUNDIAL, INC.  
 (Exact Name of Corporation)

\* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

Form **BCA-4.15/4.20**  
(Rev. Jan. 2003)

**Application to Adopt,  
Change or Cancel an  
Assumed Corporate Name**

File #: 65355604

DO NOT SEND CASH

Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-9520  
www.cyberdriveillinois.com

**FILED**

**MAR 01 2007**

**JESSE WHITE  
SECRETARY OF STATE**

This space for use by  
Secretary of State.

Date:

Filing Fee: \$90.00  
(See Note Below)

Approved: Be

1. Corporate Name: CONEXION MUNDIAL, INC.
2. State or Country of Incorporation: Michigan
3. Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation):  
3-1, 2007  
Month & Day Year

**Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.**

4. Corporation intends to adopt and to transact business under the assumed corporate name of:  
WORLD CONNECT
5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until 3-1, 2010, the first day of the corporation's anniversary month in the next year evenly divisible by five.  
Month & Day Year

**Complete No. 6 if changing or cancelling an assumed corporate name.**

6. Corporation intends to cease transacting business under the assumed corporate name of:  
\_\_\_\_\_
7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated 2-8-07, 2007 CONEXION MUNDIAL, INC.  
Month & Day Year Exact Name of Corporation

[Signature]  
Any Authorized Officer's Signature  
PATRICK D. CROCKER SECRETARY  
Name and Title (type or print)

**NOTE:** The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

The fee for cancelling an assumed corporate name is \$5.

The fee to change an assumed name is \$25.



## **EXHIBIT C**

### **Background and Experience of Key Personnel**



## **Patrick D. Crocker, Secretary**

Professional experience includes 18 years experience as a practicing attorney specializing in the area of telecommunications and technology.

May 1989 —  
Present

### **Early, Lennon, Crocker & Bartosiewicz, P.L.C.**

Vice-President

Vice Chairman, Telecommunications and Technology Department

- Provide regulatory, strategic and transactional legal services to over 100 public and private telecommunication and technology clients nationwide. Such services include:
  - State and federal certification
  - Contract negotiations with underlying carriers
  - Business transactions
  - Formal and informal regulatory complaints
  - All stages of arbitration and litigation
  - Corporate Reorganization
  - Sale or acquisition of company assets, including customer base
  - Corporate mergers and acquisitions
  - Computer system contracts
  - Trademark licensing and registration
  - Entry into the electric resale market
  - Nationwide carrier compliance

### **EDUCATION:**

University of Michigan, BA 1986

University of Detroit, School of Law, JD 1989

**EXHIBIT D**

**Financial Qualifications**

**(To be filed under seal)**