

**ORIGINAL**

**OFFICIAL FILE**

**ILLINOIS COMMERCIAL COMMISSION**

(File Original and 3 copies)

Docket No. 00-0048  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

Maxcess, Inc. :  
Application for a certificate of :  
local and interexchange authority :  
to operate as a reseller and facilities :  
based carrier of telecommunications :  
services throughout the :  
State of Illinois. :

CHIEF CLERK'S OFFICE  
APR 24 8 56 AM '00  
ILLINOIS  
COMMERCIAL COMMISSION

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

**GENERAL**

1. Applicant's Name(including d/b/a, if any) FEIN # 59-3551189

Maxcess, Inc.

Address: Street 100 West Lucerne Plaza, Suite 500

City Orlando State/Zip FL 32801

2. Authority Requested: (Mark all that apply)  13-403  13-404  13-405

3. Request for waivers/variances: In applications for 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.

Part 710  Part 735  Section 735.180 83 Ill. Adm Code Part 250  Other (please see 12. below)

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

Statewide

5. 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, if any. See Attachment A.

7. Please check type of organization?

Individual

Corporation

Partnership

Date corporation was formed: June 8, 1998.

In what state? Florida

Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. See Attachment B.

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

None

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 against the Applicant in any other jurisdiction?

YES  NO

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

12. 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.

Pursuant to Adm Code Part 250, Applicant hereby respectfully requests permission to keep its books and records in the State of Illinois at its principal place of business. Applicant will make such records available to the Commission upon request, and will reimburse the Commission for any necessary expenses to review such information.

**MANAGERIAL**

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

14. List officers of Applicant.

James C. Marchant, Jr., President/CEO \_\_\_\_\_

Daniel H. Webb, Secretary & CTO \_\_\_\_\_

Thomas E. Watt, Chief Financial Officer \_\_\_\_\_

15. 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 \_\_\_X\_\_\_ NO

If YES, list entity. \_\_\_\_\_

16. How will Applicant bill for its service(s)? \_Applicant will bill on a monthly basis. Applicant's bills will include call detail information, and separate line items for all services and charges, including any monthly recurring charges, onetime charges, taxes or surcharges

17. How does Applicant propose to handle service, billing, and repair complaints?  
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.

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

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? \_\_\_X\_\_\_ YES \_\_\_\_\_ NO

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

888-609-9399

20. What are your procedures to prevent unauthorized "slamming" of customers?

The company will obtain a signed letter of agency from each customer prior to implementing any carrier changes and prior to commencing service.

21. 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, 735, 755, 756, 757, 770, and 772?

\_\_\_X\_\*\_\_\_ YES \_\_\_\_\_ NO (If no, please provide an explanation.)

\*except as set forth in Question 3 to the extent any waivers are granted

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation?  YES  NO  
See Attachment D.

### FINANCIAL

23. 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. See Attachment E.

### TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities?  YES  NO

If YES, please list:  Applicant does not current have any equipment or facilities located in the State of Illinois. When Maxcess initiates facilities-based service in Illinois, it plans to do so through supplier and network maintenance relationships with Lucent Technology and other nationally recognized suppliers to deploy DSLAMs into Central Offices where Maxcess has negotiated collocation agreements with the ILECs. Maxcess plans to access the unbundled network elements of the ILECs to develop the network.

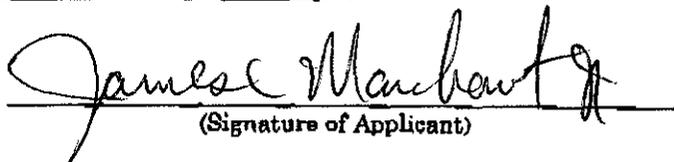
If NO, which facility provider(s)'s services does Applicant use?

Applicant initially intends to resell services utilizing Ameritech, MCI WorldCom or equivalent providers.

25. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).  
Local services that are currently offered or are offered in the future by Ameritech in the State of Illinois. Long distance services, including outbound 1+, inbound 800/888 toll-free, calling cards and directory assistance. The company also intends to provide Digital subscriber line, ISDN, and other high capacity services.

26. Will technical personnel be available at all times to assist customers with service problems?  
 YES  NO

27. 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

  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of Florida )  
County of Orange )

James C. Marchant, Jr. makes oath and says that he/she is President  
(Insert here the name of affiant) (Insert the official title of the affiant)

of Maxcess, Inc.  
(Insert here the exact legal title or name of the Applicant)

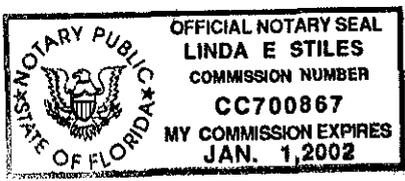
that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

James C. Marchant Jr  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Linda E. Stiles  
(Title of person authorized to administer oaths)

in the State and County above named, this 30<sup>th</sup> day of April 2000.

Linda E. Stiles  
(Signature of person authorized to administer oath)



List of Attachments

- A Designated Contact Persons
- B Article of Incorporation and Certificate of Authority
- C Management & Technical Information
- D ITAC & UTAC Membership Forms
- E Financial Information

Attachment A  
Designated Contact Persons

**Maxcess, Inc.**

Designated contact persons for:

a. issues related to processing this application:

name: Lance J.M. Steinhart  
title: Regulatory Counsel  
mailing address: 6455 East Johns Crossing, Suite 285  
Duluth, Georgia 30097  
telephone number: 770-232-9200  
facsimile number: 770-232-9208  
e-mail address: lsteinhart@telecomcounsel.com

b. consumer issues

name: George Paulous  
title: Customer Service Manager  
mailing address: 100 West Lucerne Plaza, Suite 500  
Orlando, FL 32801  
telephone number: 407-513-7700  
facsimile number: 407-513-7701  
e-mail address: gpaulous@maxcess.net

c. customer complaint resolution

name: George Paulous  
title: Customer Service Manager  
mailing address: 100 West Lucerne Plaza, Suite 500  
Orlando, FL 32801  
telephone number: 407-513-7700  
facsimile number: 407-513-7701  
e-mail address: gpaulous@maxcess.net

d. technical and service quality issues

name: Daniel H. Webb  
title: Secretary & Chief Technology Officer  
mailing address: 100 West Lucerne Plaza, Suite 500  
Orlando, FL 32801  
telephone number: 407-513-7700  
facsimile number: 407-513-7701  
e-mail address: dan@maxcess.net

e. "tariff" and pricing issues

name: Daniel H. Webb  
title: Secretary & Chief Technology Officer  
mailing address: 100 West Lucerne Plaza, Suite 500  
Orlando, FL 32801  
telephone number: 407-513-7700  
facsimile number: 407-513-7701  
e-mail address: dan@maxcess.net

f. 9-1-1 issues

name: Daniel H. Webb  
title: Secretary & Chief Technology Officer  
mailing address: 100 West Lucerne Plaza, Suite 500  
Orlando, FL 32801  
telephone number: 407-513-7700  
facsimile number: 407-513-7701  
e-mail address: dan@maxcess.net

g. Security/law enforcement

name: Daniel H. Webb  
title: Secretary & Chief Technology Officer  
mailing address: 100 West Lucerne Plaza, Suite 500  
Orlando, FL 32801  
telephone number: 407-513-7700  
facsimile number: 407-513-7701  
e-mail address: dan@maxcess.net

Attachment B - Article of Incorporation and Certificate of Authority

See Attached

Attachment C - Management & Technical Information

See Attached

Attachment D – ITAC & UTAC Membership Forms

Attachment E - Financial Information

See Attached



APPLICATION FOR CERTIFICATE  
OF AUTHORITY TO  
TRANSACTION BUSINESS IN ILLINOIS

**SUBMIT IN DUPLICATE!**

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-1834

This space reserved by Secretary of State

**FILED**

APR 03 2000

JESSE WHITE  
SECRETARY OF STATE

This space for use by  
Secretary of State

Date 4-3-00  
License Fee \$ \_\_\_\_\_  
Franchise Tax \$ 804.38  
Filing Fee \$ 717  
Penalties \$ \_\_\_\_\_  
Approved: P 879.38

Payment must be made by  
certified check, cashier's check,  
Illinois attorney's check, Illinois  
C.P.A.'s check or money order,  
payable to "Secretary of State."

1. (a) CORPORATE NAME: MAXCESS, 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. (a) State or Country of Incorporation: Florida  
(b) Date of Incorporation: 6/8/98  
(c) Period of Duration: perpetual

3. (a) Address of the principal office, wherever located: 100 West Lucerne Plaza Suite 500 Orlando Florida 32801  
(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 National Corporate Research, Ltd.  
*First Name Middle Name Last Name*  
Registered Office One West Old State Capital Plaza Suite 805  
*Number Street Suite #*  
Springfield 62701 Springfield  
*City Zip Code County*

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

6. Names and residential addresses of officers and directors:

Name	No. & Street	City	State	Zip
President <u>James C. Marchant, Jr.</u>	<u>100 West Lucerne Plaza</u>	<u>Orlando</u>	<u>FL</u>	<u>32801</u>
Secretary <u>Daniel H. Webb</u>	<u>100 West Lucerne Plaza</u>	<u>Orlando</u>	<u>FL</u>	<u>32801</u>
Director <u>James C. Marchant, Jr.</u>	<u>100 West Lucerne Plaza</u>	<u>Orlando</u>	<u>FL</u>	<u>32801</u>
Director				
Director				

If more than 3, attach list

**RESIDENCE ADDRESSES FOR OFFICERS OF  
MAXCESS, INC.**

Jim Marchant, President  
1708 NW 117<sup>th</sup> Terrace  
Gainesville, FL 32606

Dan Webb, Secretary  
1749 Branchwater Trail  
Orlando, FL 32825

7. Purpose or purposes proposed to be pursued in transacting business in this state:  
 (If not sufficient space to cover this point, add one or more sheets of this size.)

**Provide Telecommunication Services**

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
common		no par value	15,000,000	7,078,000

9. Paid-In Capital: \$ 2,145,000

("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: \$ 1,000,000
- (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: \$ 0
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ 1,000,000
- (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: \$ 500,000

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

**100 West Lucerne Plaza  
Suite 500**

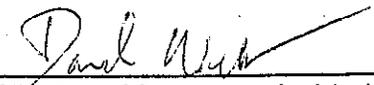
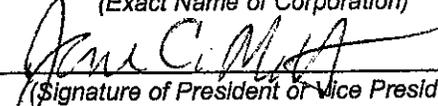
- \*\* (a) Office or offices to which all contracts with the corporation are forwarded for final acceptance: **Orlando, FL 32801**
- (b) Number of shares of all classes owned by residents of Illinois: **0**
- (c) Number of shares of all classes owned by non-residents of Illinois: **7,078,000**
- (d) Is the corporation transacting business in this state at this time? **No**
- (e) If the answer to item 11(d) 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 statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated 3/15, 2000 MAXCESS, INC.

(Exact Name of Corporation)

attested by  by 

(Signature of Secretary or Assistant Secretary)

(Signature of President or Vice President)

**Daniel H. Webb**

**James C. Marchant, Jr.**

(Type or Print Name and Title)

(Type or Print Name and Title)

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

\*\* When the response to #11(a) lists ONLY an Illinois address, then the total business as reflected in #10(c) is also considered to be Illinois business for the purpose of computing the Illinois allocation factor. By signing this application, the corporation affirms that it is aware that the amount of paid-in capital, and consequently the amount of license fees and franchise taxes, may be proportionately higher due to the Illinois address shown under #11(a).



# OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

APRIL 3, 2000

6099-815-9

CHARLOTTE LACEY  
LANCE STEINHART ATTY AT LAW  
6455 E JOHNS CROSSING  
DULUTH GA 33097

RE MAXCESS, INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND A CERTIFICATE OF AUTHORITY, ACKNOWLEDGING YOUR REGISTRATION.

THESE DOCUMENTS MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD