



**Edwin Reese**  
**Tariff Administrator**  
Federal Regulatory and Legal Affairs  
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November 14, 2016

Transmittal No. 16-01

**VIA E-FILING**

Ms. Cully Dale, Executive Secretary  
Missouri Public Service Commission  
200 Madison Street, Suite 100  
Jefferson City, Missouri 65101

**Re: Verizon Access: Tariff No. 2**  
Name Change Filing

Dear Ms. Dale,

Please find attached an original of revisions to MCImetro Access Transmission Services LLC d/b/a Verizon Access Transmission Services ("Verizon Access") Access Services Tariff No. 2. We respectfully request that the proposed revisions become effective on November 15, 2016.

The following pages are being revised:

<u>Page No.</u>	<u>Revision</u>
1	4th

With this filing, Verizon Access changes its name from MCImetro Access Transmission Services LLC d/b/a Verizon Access Transmission Services to MCImetro Access Transmission Services Corp. d/b/a Verizon Access Transmission Services.

Attached for your records is a copy of the Secretary of State Certification approving the name change.

If you have any questions in this matter, please do not hesitate to contact me at either (202) 515-2592 or edwin.reese@verizon.com.

Respectfully submitted,

Edwin Reese  
Tariff Administrator  
Verizon

Enclosure

# STATE OF MISSOURI



Jason Kander  
Secretary of State

## CERTIFICATE OF AUTHORITY

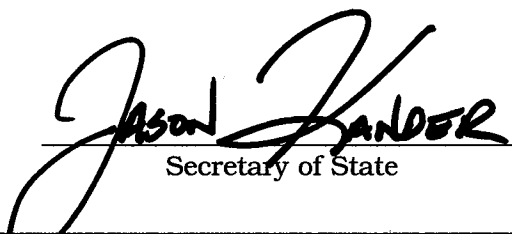
WHEREAS,

***MCIMETRO ACCESS TRANSMISSION SERVICES CORP.***  
***F001326147***

has complied with the Missouri General and Business Corporation Law which governs Foreign Corporations; by filing in the office of the Secretary of the State of Missouri authenticated evidence of its incorporation and good standing under the Laws of the State of Delaware.

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that said corporation is from this date duly authorized to transact business in this State, and is entitled to all rights and privileges granted to Foreign Corporations under the General and Business Corporation Law.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 4th day of November, 2016.

  
Secretary of State





# State of Missouri

Jason Kander, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

## Application for Certificate of Authority For a Foreign For-Profit Corporation

(Submit with filing fee of \$155.00)

1. The corporation's name is MCImetro Access Transmission Services Corp.  
and it is organized and existing under the laws of Delaware
2. The name it will use in Missouri is MCImetro Access Transmission Services Corp.
3. The date of its incorporation was 5/21/1998, and the period of its duration is perpetual  
month/day/year
4. The address of its principal place of business is One Verizon Way Basking Ridge, NJ 07920  
Address City/State/Zip
5. The name and physical address of its registered agent and office in the State of Missouri is  
C T Corporation System 120 South Central Avenue Clayton, MO 63105  
Name Address City/State/Zip
6. The specific purpose(s) of its business in Missouri are: To engage in any lawful act or activity for  
which corporations may be organized under the law.

7. The name of its officers and directors and their business addresses are as follows:

Officers	Name	Address	City/State/Zip
President	<u>Christopher Formant</u>	<u>One Verizon Way</u>	<u>Basking Ridge, NJ 07920</u>
Vice President	<u>Paul Mattiola</u>	<u>One Verizon Way</u>	<u>Basking Ridge, NJ 07920</u>
Secretary	<u>Steven Tugentman</u>	<u>One Verizon Way</u>	<u>Basking Ridge, NJ 07920</u>
Treasurer	<u>Matthew Ellis</u>	<u>One Verizon Way</u>	<u>Basking Ridge, NJ 07920</u>

### Board of Directors

Director	<u>Christopher Formant</u>	<u>One Verizon Way</u>	<u>Basking Ridge, NJ 07920</u>
Director	<u>John Townsend</u>	<u>One Verizon Way</u>	<u>Basking Ridge, NJ 07920</u>
Director	_____	_____	_____
Director	_____	_____	_____
Director	_____	_____	_____

(Please see next page)

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

ORI-11042016-2522 State of Missouri  
No of Pages 3 Pages

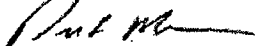


Creation - For Profit (F)

8.  Check box if you will be registered with the Department of Agriculture as a Family Farm or Authorized Farm Corporation as defined by section 350.010 RSMo.

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_  
*(Date may not be more than 90 days after the filing date in this office)*

In Affirmation thereof, the facts stated above are true and correct:  
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

	Paul Mattiola	Vice President-Tax	11/1/16
<i>Must be an Officer or Chairman listed in #7</i>	<i>Printed Name</i>	<i>Title</i>	<i>Date</i>

Note: A current (not more than 60 days old) original certificate of good standing or certificate of existence must be submitted with this application. This may be obtained from the Secretary of State or other authority that issues corporate charters in the state of domicile.

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCIMETRO ACCESS TRANSMISSION SERVICES CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS A NON-STOCK CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2900057 8300N

SR# 20166466463

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203268533

Date: 11-02-16

# STATE OF MISSOURI



Jason Kander  
Secretary of State

## CERTIFICATE OF CANCELLATION

WHEREAS, an application for cancellation of

*MCIMETRO ACCESS TRANSMISSION SERVICES LLC*

Using in Missouri the name

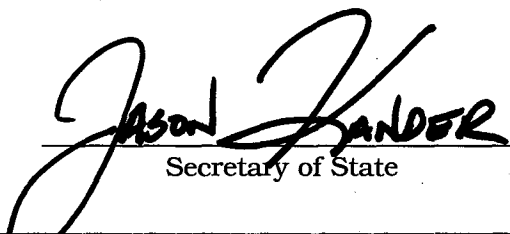
*MCIMETRO LLC*

*FL0020258*

a Delaware Limited Liability Company, has been received, found to conform to law, and filed;

NOW, THEREFORE, I, JASON KANDER, Secretary of State of the State of Missouri, issue this Certificate of Cancellation certifying that the aforementioned Limited Liability Company is cancelled from this state.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 4th day of November, 2016.

  
Secretary of State





**State of Missouri**  
Jason Kander, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102


**Articles of Cancellation of a  
Foreign Limited Liability Company**

(Submit with filing fee of \$25.00)

1. The name of the limited liability company in Missouri is: MCImetro LLC  
MO Charter #: FL0020258
2. The limited liability company was organized under the laws of: Delaware  
(Jurisdiction)
3. The name of the limited liability company in home state: MCImetro Access Transmission Services LLC
4. The mailing address to which the Secretary of State may mail a copy of any service of process is:  
One Verizon Way Basking Ridge, NJ 07920  
Street address City/State/Zip

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

 Authorized Signature of Member or Manager	Christopher Formant Printed Name	11/1/2016 Date
_____ Authorized Signature of Member or Manager	_____ Printed Name	_____ Date
_____ Authorized Signature of Member or Manager	_____ Printed Name	_____ Date

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

