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MAY 04 2004

SERVISENSE.COM, INC *Records
Public Service Commission*

(Full Company Name)

COMPETITIVE

LOCAL EXCHANGE CARRIER

ANNUAL REPORT

FILED

MAY 05 2004

TO THE

*Missouri Public
Service Commission*

MISSOURI PUBLIC SERVICE COMMISSION

For Period Ending December 31, 2003

State in full the exact '**certificated**' name of the Competitive Local Exchange Carrier:

1. (Do not abbreviate; yet include any Commission approved fictitious name, if applicable.)

2. Effective date of certification by the MO Public Service Commission and associated case number:

Date (e.g. 00/00/0000): _____ Case No: _____

3. Was the company certificated in Missouri under any other name(s)? If yes, please provide all names and time periods involved since the original certification:

4. This Competitive Local Exchange Carrier is a (Check box with an X) and under '**Explanation**' list registered name if different than certificated name listed above (e.g. parent corporation name). If '**Other**' is identified, explain:

	<u>Type</u>	<u>Explanation</u>
<input checked="" type="checkbox"/>	Corporation	_____
<input type="checkbox"/>	Partnership	_____
<input type="checkbox"/>	Sole Proprietorship	_____
<input type="checkbox"/>	LLC	_____
<input type="checkbox"/>	LP	_____
<input type="checkbox"/>	Other	_____

5. Date of incorporation or other original organization (e.g. 00/00/0000):

_____ 01/20/00

6. Under the laws of what state is the Competitive Local Exchange Carrier organized:

_____ DELAWARE

7. State in full the name, street address, telephone number, and e-mail address* of the individual completing/verifying this Annual Report:

JAMES CORNBLATT 781-989-4500 x 165
 115 SHAWMUT ROAD jim.cornblatt@alticomm.com
 CANTON, MA 02021

(*) To facilitate electronic sending of the Annual Report form next year.

10. Please provide the following information concerning Total Company **and**

gross intrastate operating revenues (i.e., Missouri Specific) Revenues for this Calendar Year: 2003

Revenues:	Total Company	MO Specific
Operating Revenues* from Telecommunication Services	\$13,061	\$13,061
Access Fee Revenues		
Federal USF Subsidies		
State USF Subsidies		
Other Revenues		
TOTAL REVENUES	\$13,061	\$13,061

MO Specific should match Statement of Revenue
(FY-2005 Mo.PSC Assessment)

11. Type of Missouri tax return filed (i.e. MO-1065, MO-1120A, MO-1120S, MO-NRP, MO-NRS etc.):

12. Missouri Taxpayer ID: 04-3357059

* Missouri Revised Statutes §386.020(53)

(53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:

(a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;

(b) Answering services and paging services;

(c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;

(d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;

(e) Services provided by a private telecommunications system;

(f) Cable television service;

(g) The installation and maintenance of inside wire within a customer's premises;

(h) Electronic publishing services; or

(i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

13. In an effort to update our Electronic Filing & Information system (EFIS) with current company contact and address information please provide the following information. Either verify the information through EFIS and initial in space provided or complete each sub-type and the Data Center Staff will update as required.

a. Official Representative of the Company:

Information contained in EFIS is current: _____

Name: James Cornblatt _____ initials
 Street/ PO Box: 115 Shawmut Road _____
 City, State, Zip: Canton, MA 02021 _____
 Telephone number: 781-989-4500 x 165 _____
 Fax number: 781-989-4512 _____
 E-mail address: jim.cornblatt@alticomm.com _____

b. Consumer Services:

Information contained in EFIS is current: _____

Name: Kathy Hennessy _____ initials
 Street/ PO Box: 115 Shawmut Road _____
 City, State, Zip: Canton, MA 02021 _____
 Telephone number: 781-989-4500 _____
 Fax number: 781-989-4512 _____
 E-mail address: kathy.hennessy@alticomm.com _____

c. Individual to receive statement of revenue (assessment):

Information contained in EFIS is current: _____

Name: James Cornblatt _____ initials
 Street/ PO Box: 115 Shawmut Road _____
 City, State, Zip: Canton, MA 02021 _____
 Telephone number: 781-989-4500 _____
 Fax number: 781-989-4512 _____
 E-mail address (*): jim.cornblatt@alticomm.com _____

(*) To facilitate electronic sending of the statement of revenue next year.

In addition provide specific contacts for areas (d. through n.) if applicable on the following pages. In lieu of additional contacts being provided, designate if a, b, or c, above should be identified as the contact.

d. Tariff:

Information contained in EFIS is current: _____

Name: _____ initials
 Street/ PO Box: _____
 City, State, Zip: _____
 Telephone number: _____
 Fax number: _____
 E-mail address: _____

13. continued

e. CFO/Comptroller:

Information contained in EFIS is current:

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

f. Technical:

Information contained in EFIS is current:

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

g. Surveillance:

Information contained in EFIS is current:

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

h. In-House Attorney:

Information contained in EFIS is current:

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

i. Attorney:

Information contained in EFIS is current:

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

13. continued

j. Consultant:

*Information contained in EFIS
is current:*

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

k. Other:

*Information contained in EFIS
is current:*

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

l. Regulatory:

*Information contained in EFIS
is current:*

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

m. Area Contact Entry:

*Information contained in EFIS
is current:*

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

n. Carrier Billing Relations:

*Information contained in EFIS
is current:*

Name: _____ initials
Street/ PO Box: _____
City, State, Zip: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

COMPETITIVE LOCAL EXCHANGE CARRIER ACCESS LINE REPORT

Exchange (Use name in the tariff)	Residential Voice Grade Equivalent Lines				Business Voice Grade Equivalent Lines				Public Access Lines	
	Pure Resale	UNE	UNE P	Full Facility Based	Pure Resale	UNE	UNE P	Full Facility Based	Public	Customer Owned Coin Telephone
					57					
Totals					57					

CLEC Annual Report of SERVISENSE.COM, INC

for the year ended December 31, 2003

VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State Of _____
County Of _____ } ss:

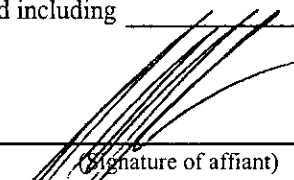
ALLAN STERN makes oath and says that
(Insert here the name of the affiant)

s/he is Manager, By Order of Bankruptcy Court, Dist. Of Mass, Ch.11 01-16539 WCH
(Insert here the official title of the affiant)

of SERVISENSE.COM, INC
(Insert here the exact legal title or name of the respondent)

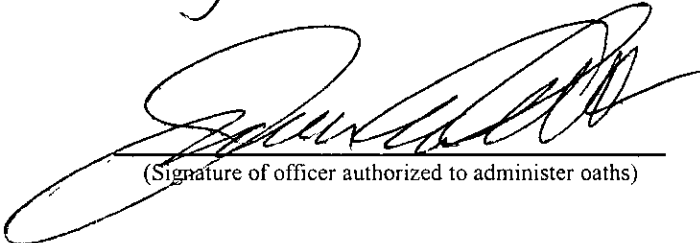
that s/he has examined the foregoing report; that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent.

_____, _____, to and including _____,



(Signature of affiant)

Subscribed and sworn before me, a Notary Public in and for the
State and county above named, this 26th day of March, 2004
My Commission expires July 24, 2009



(Signature of officer authorized to administer oaths)

Missouri Revised Statutes § 392.210

Original must be mailed to:
Manager of the Data Center
MoPSC, 200 Madison Street, Suite 100
P.O. Box 360, Jefferson City, MO 65102-0360