Stratus Networks, Inc.

Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate; include any Commission approved d/b/a or fictitious name, if applicable.)

TELECOMMUNICATIONS COMPANY OR IVOIP PROVIDER ANNUAL REPORT TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, 2019

This filing is required pursuant to Commission Rule 4 CSR 240-28.040 and/or Section 392.210 RSMO.

11313 1111119	is required pursuant to commission reals 4 core 240 20.040 and/or coolidin coz. 210 real
	elect how the company is certificated or registered with the Commission e Company Name as shown above (check all that apply):
	Incumbent Local Telecommunications Company (not competitively classified ILEC)
	Incumbent Local Exchange Telecommunications Company (competitively classified ILEC)
	Competitive Local Exchange Telecommunications Company (CLEC)
X	Interexchange Telecommunications Company (IXC)
	Local Non-switched Telecommunications Provider (classified in EFIS as IXC)
X	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
that you i Informati	nan one certificate or registration is held by the company then keep in mind must file an annual report in the Commission's Electronic Filing and on System (EFIS) based on each certificate or registration. In such situations, pate the annual reports to be identical; however please verify the following:
	The various annual reports filed in EFIS are identical.
	The various annual reports filed in EFIS are different.
X	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please ch	noose one of the following filing options to indicate the security level of the filing:
X	Public submission (NOT Confidential)
	Non-Public submission (Confidential) (See instructions for special requirements.) For this filling to be considered Confidential, additional submission of materials is required, pursuant to Commission Rule 4 CSR 240-2.135.
Please revi	iew the instructions document on the previous page before proceeding.
	PUBLIC

For use when filing under seal.

Excel Issue Date: 12/13/2017

	Annual Report of Stratt	is new	orks, inc.	
	 	for the o	calendar year of J	anuary 1 - December 31,2019
1.	State in full the company's informa	ation be	low:	
	4700 N. Prospect Road Peoria H	łeights,	IL 61616	309-222-2123
	Company Street Add	ress		Telephone Number
	1595 Peachtree Pkwy, Ste 204-3	337		309-222-2124
	Company Mailing Address (if different	from stre	eet address)	Fax Number
	Cumming GA		30041	hhuffman@stratusnet.com
	City	State	Zip	E-Mail Address
2.	This company is currently a (check ap	nronriate	hox).	
	X Corporation Sole Proprietor		□ LP	
	Partnership LLC	311P	Other - Explair	1
		•	<u>.</u>	
3.	Annual Report Contact Information:	! . !!		and the state of t
	List the contact information of the person This may differ from the address in Item N		ng the form, whether	er an employee or a third-party preparer.
	Alisha Garland			678-786-8146
	Name			Telephone Number
	1595 Peachtree Pkwy, Ste 204-337	7		678-487-8808
	Street Address			Fax Number
	1595 Peachtree Pkwy, Ste 204-337	,		alisha@gsaudits.com
	Mailing Address			E-mail Address
	Cumming	GA	30041	
	City	State	Zip	
4.	Identify the principal or general officer	s of the (company at the er	nd of the year. Please include an additional
	sheet, if enough space is not provided on	this page	e, to completely pro	vide the requested information.
	Title of General Officer		_	Name of Person Holding Office
	John Petrakis			President
			<u></u>	
_			_	
5.	Please provide a list of all mergers, cor certificated company and completed di personnel issues.	rsolidations in the second sec	ons, and reorgani last year. Do not	zations involving the registered or include internal company reorganizations or
	None			
	, , , , , , , , , , , , , , , , , , ,			
	1			

for the calendar year of January 1 - December 31, 2019

6. Please provide the following information concerning the company's revenues for this calendar year:

	1		MO Jurisdictional			Total (Company ¹	
Row	Revenues		(Column A)			(Co	lumn B)	
I. RE		**		**	2			**
1.	Local Service Revenues include tariffed revenues attributed to local			1112				
	telecommunications services, extended area service, secondary features	1000						
	such as call forwarding, caller ID, local operator services, directory-related							
	services, etc. and for VoIP service.	7						
2.	Interexchange Revenues include revenues attributed to interexchange							
	telecommunications services such as toll services, 800 services,							
	interexchange operator services and interexchange IVoIP services.	161117 1774 1881						11/11
3.	Non-Switched Telecommunications Service Revenues include							1221
	revenues attributed to retail local and interexchange private line services							
	(but not special access or private line services provided to other							
	telecommunications carriers).	Name of		ui.				100
4.	Bundled or Packaged Revenues include any revenues whereby the							
	company is providing voice services in combination with multiple services							
	whereby revenue can not be easily attributed to local, interexchange or							
	non-switched categories. If such bundles includes Internet, video or some							
	non-regulated service then the company's revenue shall be based on the							
	company's rate offer for solely voice services. The excess revenue							
	associated with the bundled service which is over the amount related to							
	revenue associated with voice only service shall be recorded in the Total	121						
	Company column. If voice service is only offered as part of a bundled	2007						
	service, the company shall identify all revenue associated with the bundle							
	of services in the Missouri Jurisdictional column.	200						
5.	Retail Uncollectible Revenues from telecommunications revenues.	000						
	(This amount is generally a negative number.)	0						113.1
6.	RETAIL TOTAL	Been ()			*****			
	(This amount should equal the total of Rows 1 - 5 above and should also match	100						
	your Missouri Universal Service Fund Net Jurisdictional Revenue Report	451						
	amount.)	3100			152			
II. O			ing de Grigoria do Antonia	ΝÓ				
7.	Wholesale Revenues include intrastate switched, special access service							
	revenues, carrier billing and collection revenues, and any other revenues							
	derived from other telecommunications carriers.				114			
8.	Miscellaneous Revenues ² associated with non-retail services, such	100						37.8
	as, advertising revenues, rent revenues, corporate operations revenues,							
	special billing arrangements, customer operations, plant operations, other							
	incidental regulated revenues, and other revenue settlements. (NOTE							
	FOR ILEC ONLY: refer to FCC account #s: 5230, 5240, 5250, 5261,							
	5262, 5263, 5264, 5269, and 5270.)	id						124
9.	Other Uncollectible Revenues from other revenues.							
	(This amount is generally a negative number.)	1217						
10.	High-Cost Federal USF Revenues include all revenues received as		,					
4.4	support from the Universal Service Fund for the High-Cost program.		N/A		044			- 100
71.	Other Federal USF Revenues include all revenues received as support					***		
	from the Universal Service Fund for the following programs: Low Income,		,.,,			2		
46	Schools and Libraries, and Rural Health.		N/A					100
12.	State USF Revenues include all revenues received as support from the	100						
	Universal Service Fund.							
	TOTAL REVENUES (This amount should equal the total of Rows 6 - 12 above.)		44.			**	**	
	Total MO Jurisdictional Revenue (Column A) should match Total Gross		** **			**	**	
	Intrastate Operating Revenue on the Statement of Revenue.		[

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[&]quot;Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).

[&]quot;Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

¹ List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as

listed at the top of this page.

Do not include revenues for any company NOT listed at the top of the page.

 $^{^2}$ If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

for the calendar year of January 1 - December 31, 2019

Line Quantities for Local Voice Service & IVoIP Service¹ 7.

				tail				Wholesale to Non-Registered Nomadic IVoIP	
Exchange ²	**	Residential	**	**	Business	**	**	Providers ³	**
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¹ See instructions for additional clarification about filling out this page.

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² Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)

³ Wholesale to Non-registered Nomadic IVoIP Providers refers to arrangements where your company is providing wholesale services for a nomadic IVoIP provider who is not registered with the Missouri PSC. (Do not use this column for retail line quantities or if your company sets the end user's rates.)

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for the calendar year of January 1 - December 31, 2019

Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below.
(The table should be completely filled-in. The only exception is if a company is reporting "0" line quantities on page 4 whereby insert \$0 in the total row for each of the three columns.)

Month		Relay Missouri Revenue Collected (collected or received, according to your record- keeping methods)		Revenue Collected (collected or received, according to your record-keeping methods) Relay Missouri Retention Amount (of the amount collected)					Relay Missouri Revenue Remitted to Commission (of the amount collected)
	**	-	**	***		**	3. k =		
January							9194 20194 20194		
February		y y			100 mg				
March							ivinival Significant Significa		
April		9.00							
May							67 33 25 55 55 55 55 55 55 55 55 55 55 55 55		
June									
July					1		11.198 11.198 11.198		
August									
September									
October				A LOCAL		Hullin			
November				9					
December									
Total		** **		ilia.	** **		** **		

9.	Please indicate customers in De	the per line value of the Relay Missouri Surcharge applied to your ecember.
10.	If your firm did r	not impose the Relay Missouri Surcharge, please explain:

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¹ Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

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 (Notary Public) by the laws of the State in which the same is taken.

OATH

State Of	Georgia }
County Of	Forsyth ss:
	Alisha Garland makes oath and says that Name of Affiant (Company Official/Representative)
	Attorney-In-Fact
she is	Official Title of the Affiant (Company Official/Representative)
of	Stratus Networks, Inc
of .	Exact Legal Title or Name of the Respondent (Certificated Company Name)
and is located at	4700 N. Prospect Rd. Peoria Heights, IL 61616
•	Address and Telephone Number of the Affiant (Company Official/Representative)
information, and report is a correct 2) examined (and	examined the foregoing report; to the best of his or her knowledge, belief, all statements of fact contained in the said report are true and the said et statement of the business and affairs of the above-named respondent, and I updated as applicable) the company's contact information in EFIS; to the knowledge, information, and belief, all listed contacts are correct.
from	January 1 , 2019 to and including December 31 , 2019
	Month/Day Year Month/Day Year
	Signature of Affiant (Company Official/Representative) (If electronic signatures are used, you <u>must</u> use "/s/" before the name.)
Subscribed and sw this O My Commission ex	vorn to before me, a Notary Public, in and for the State and County above named, day of April 10, 3033
WILL SW	STORE OF WILLIAM OF THE STORE O
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= < 12 XP	Signature of Notary Public (If electronic signatures are used, you must use "/s/" before the name.)
NO SOUTH OF THE PERSON OF THE	
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N O OKINE	(If electronic signatures are used, you must use "/s/" before the name.) Notary Commission Number