



Control Number: 25000



Item Number: 3700

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CONTROL No. 25000**REGISTRATION FOR AN INTEREXCHANGE CARRIER, PREPAID CALLING SERVICES COMPANIES AND OTHER UNCERTIFICATED NONDOMINANT TELECOMMUNICATIONS CARRIERS****Registrant Name** (Name under which services will be provided):

DCT Telecom Group, Inc.

Legal Name of Registrant and all assumed names under which the Registrant conducts business in Texas or any other state, if any:

DCT Telecom Group, Inc.

1. Type of Registration (mark ALL that apply):

- ☒ **IXC (Long Distance Carrier)**
☐ **Pre Paid Calling Card Provider**
☐ **Pre Paid Local Calling Services**
☐ **Pre Paid Domestic Long Distance Calling Services**
☐ **Pre Paid International Long Distance Calling Services**
☐ **Other:** _____

2. Company Contact InformationContact Name: Michael LittenContact Title: VP Finance and AdministrationContact Phone Number: 440-808-4846Contact Email Address: mlitten@4dct.comContact Fax Number (Optional): 440-892-2850Company/Physical Address (Street Address): 27877 Clemens Road

(Suite, Floor, Apartment Number, etc.): _____

(City, State, Zip Code): Westlake, OH 44145Company Toll-free Customer Service Phone Number: 888-404-4328Company Contact Website Address (Optional): www.4dct.com**3. Mailing Address** (If different from the Physical Address):(Street Address/P.O. Box): same as above

(Suite, Floor, Apartment Number, etc.): _____

(City, State, Zip Code): _____

4. Regulatory Representative:Contact Name: Patrick D. CrockerContact Title: President of Nationwide Regulatory Compliance LLC

Effective Date 6/23/2011

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Contact Address (Street Address): 107 W Michigan Avenue
(Suite, Floor, Apartment Number, etc.): 4th Floor
(City, State, Zip Code): Kalamazoo, MI 49007
Contact Phone Number: 269-381-8888
Contact Fax Number (Optional): 269-381-4855
Contact Email Address: patrick@nationwideregulatorycompliance.com

5. Complaint Representative:

Contact Name: Amy Buckley
Contact Title: Director of Customer Support
Contact Address (Street Address): 27877 Clemens Road
(Suite, Floor, Apartment Number, etc.): _____
(City, State, Zip Code): Westlake, OH 44145
Complaint Phone Number: 888-404-4328
Contact Phone Number: 440-892-0300
Contact Fax Number (Optional): 440-892-2850
Contact Email Address: _____

6. Emergency Contact (List a primary and a secondary contact)

Contact Name: Michael Litten; Anthony F Romano Jr
Contact Title: VP Finance and Administration; CEO/Secretary/Director
Contact Phone Number: 440-808-4846; 440-892-0300
Contact Fax Number (Optional): 440-892-2850; 440-892-2850
Contact Cell Phone Number (Optional): _____
Contact Home Phone Number (Optional): _____
Contact Email Address: mlitten@4dct.com; tromano@4dct.com

7. Form of Business (corporation, partnership, sole proprietorship, etc.): Corporation

State and Date where registered business was formed: Ohio - 9/30/93
Texas Secretary of State (or County) File Number: 0800228175
Texas Comptroller's office Tax Id. No.: 13417538165

8. Carrier Identification:

FCC Carrier Identification Code (CIC) (if available): _____
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): _____

9. Affiliates:

Names of all Telecommunications Affiliates: No affiliates
States where Affiliates are Providing Services: _____

Affiliates in Texas – Provide Certification/Registration Number and relationship to registrant:

Provide Organizational Chart (if available).

10. Owners, Directors, Officers, or Partners Information (List the information requested below for each person):

Name: Anthony J Romano Jr; J Anthony Rehak; Michael Litten

Title: CEO/Secretary/Director; President/Treasurer/Director; VP Finance and Administration

Business Address: 27877 Clemens Road

(Suite, Floor, Apartment number, etc.):

(City, State, Zip Code): Westlake, OH 44145

Phone Number: 440-892-0300

Email Address: tromano@4dct.com; trehak@4dct.com; mlitten@4dct.com

11. Legal Status:

Are any owners, directors, officers, or partners in the organization convicted felons? If yes, provide a detailed explanation:

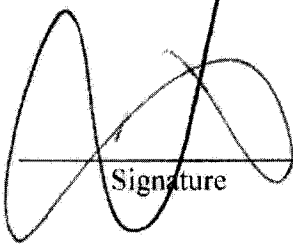
No.

AFFIDAVIT

STATE OF MICHIGAN §
§
COUNTY OF KALAMAZOO §

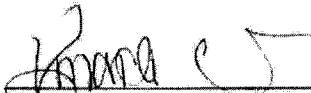
1. My name is Patrick D. Crocker. I am the
Attorney of the reporting company
DCT Telecom Group, Inc.

2. I swear or affirm that I have personal knowledge of the facts stated in this report on Non-dominant Carriers, that I am competent to testify to them, and that I have the authority to make this report on behalf of the company. I further swear or affirm that all of the statements and representations made in this report are true and correct. I swear or affirm that the company understands and will continue to comply with all requirements of law applicable to Non-dominant Carriers.


Signature

Patrick D. Crocker
Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 2nd day of May, 20 13.


Notary Public In and For the
State of Michigan

My commission expires: October 02, 2018

AMANDA GUCICH
Notary Public, State of Michigan
County of Kalamazoo
My Commission Expires 10-02-2018
Acting in the County of Kalamazoo