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NONDOMINANT CARRIERS ANNUAL REPORT

Registration No. _____

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Section One: Basic Information

1. Name of Registrant (Known to the Public): Special Accounts Billing Group, Inc.
Legal/Assumed Name of Registrant: same
Office Address (Street, City, State): 1483 Chain Bridge Rd Ste 301, McLean, VA 22101
2. Mailing Address (Street/P.O. Box, City, State): same
3. Registrant Toll-Free Customer Service Number: N/A
Registrant Holder Office Number: 703-749-9745
Registrant Fax Number: N/A
4. Registrant Website Address: N/A
Registrant Email Address: N/A
5. Authorized Representative Contact (Name and Title): Patrick D. Crocker, Atty.
Authorized Representative Address: 900 Comerica Bldg. Kalamazoo, MI 49007
Authorized Representative Mailing Address: same
Authorized Representative Phone Number: 616-381-8844
Authorized Representative Fax Number: 616-349-8525
Authorized Representative Email Address: tcom1@earlylennon.com
6. Form of Business (e.g. corporation, partnership, sole proprietorship): S Corporation
State where Business was Formed: Illinois
Certification/Authorization Number: _____
Date Business was Formed: 11/24/97
7. FCC Carrier Identification Code (CIC) (if available): _____
National Exchange Carriers Association (NECA) Operating Carrier Numbers (OCNs) (if available): _____

Section Two: Affiliate and Key Personnel Information

8. Legal Name of all Affiliated Telecommunications Public Utilities or Affiliated Telecommunications Companies Providing Regulated Services: N/A
States where Affiliates are Providing Services: N/A
If the affiliate is in Texas, provide a description of the relationship to the registrant:
N/A
Provide Organizational Chart (if available).
9. List Directors, Officers, or Partners: see attached
Provide business address, phone number, fax number, email/website address for each person listed above: _____
10. List the Five Largest Shareholders (if applicable): _____
Provide business address, phone number, and email/website address for each shareholder listed above: _____

NONDOMINANT CARRIERS ANNUAL REPORT
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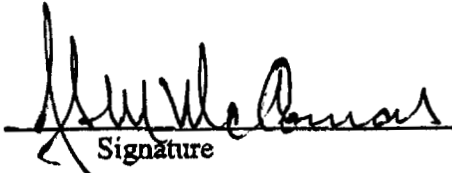
Registration No. _____

AFFIDAVIT

STATE OF VA §
§
COUNTY OF Fairfax §

1. My name is James D. M. McComas. I am
Secretary/Treasurer of the reporting company
Special Accounts Billing Group, Inc.

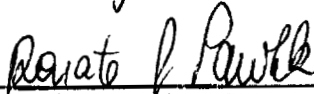
2. I swear or affirm that I have personal knowledge of the facts stated in this report on Nondominant Carriers, that I am competent to testify to them, and that I have the authority to make this report on behalf of the company. I further swear or affirm that all of the statements and representations 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 Nondominant Carriers.


Signature

James D. M. McComas

Typed or Printed Name

SWORN TO AND SUBSCRIBED before me on the 27 day of June, 2002


Notary Public In and For the
State of Virginia

My commission expires: November 30, 2004

SPECIAL ACCOUNTS BILLING GROUP, INC.

<u>Office Held</u>	<u>Name</u>	<u>Business Address</u>
President/ Chairman, Bd of Directors	Preston W. Riner	1483 Chain Bridge Rd Ste 301 McLean VA 22101
Vice President	Stephen P. Housley	1483 Chain Bridge Rd Ste 301 McLean VA
Secretary/ Treasurer	James D. M. McComas	1483 Chain Bridge Rd Ste 301 McLean VA 22101