

DAVID J. ROBINSON
MANAGER – PUBLIC POLICY
SYNIVERSE TECHNOLOGIES, INC.
8125 HIGHWOODS PALM WAY, SUITE 600
TAMPA, FL 33647
TN: (813) 637-5940
FX: (813) 637-5110
EMAIL: DAVID.ROBINSON@SYNIVERSE.COM

July 27, 2006

Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250

RE: 2005 Annual Report Syniverse Technologies, Inc.

Assessment Number UT-060977

#### To Whom It May Concern:

Per the request of Staff of the Washington Utilities and Transportation Commission (WUTC), attached please find the 2005 Annual Report for Syniverse Technologies. Syniverse respectfully requests the Commission to accept this filing. Please do not hesitate to contact me if you require additional information. We look forward to your approval of our application.

Sincerely,

David J. Robinson

**ATTACHMENTS** 

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

PENALTY ASSESSMENT, Docket No. UT-060977

PLEASE NOTE: You must complete and sign this document, and send it to the Commission within 15 days after you receive the penalty assessment. Use additional paper if needed.

I have read and understand RCW 9A.72.020 (printed below), which states that making false statements under oath is a class B felony. I am over the age of 18, am competent to testify to the matters set forth below and I have personal knowledge of those matters. I hereby make, under oath, the following statements.

- [ ] 1. Payment of penalty. I admit that the violation occurred and enclose \$100 in payment of the penalty.
- [ ] 2. Request for a hearing. I believe that the alleged violation did not occur, based on the following information, and request a hearing for a decision by an administrative law iudge:
- Application for mitigation. I admit the violation, but I believe that the penalty should be reduced for the reason(s) set out below.
  - [ ] a) I ask for a hearing for a decision by an administrative law judge
  - OR b) I waive a hearing and ask for an administrative decision on the information I

present here.

We do not recall receiving the letter dated May 1, 2006.

We non-compliance was simply an administrative eversignt we will not allow this to happen in the future. In addition, Syniverse did not derive any revenue from intrastate I declare under penalty of perjury under the laws of the State of Washington that the foregoing, telecommunication including information I have presented on any attachments, is true and correct.

In WA. 3

Dated: 07/27/2006 [month/day/year], at TAMAA FL [city, state] Syniverse Technologies Inc.

Name of Respondent (company) - please print

RCW 9A.72.020:

"Perjury in the first degree. (1) A person is guilty of perjury in the first degree if in any official proceeding he makes a materially false statement which he knows to be false under an oath required or authorized by law. (2) Knowledge of the materiality of the statement is not an element of this crime, and the actor's mistaken belief that his statement was not material is not a defense to a prosecution under this section. (3) Perjury in the first degree is a class B felony."

No monies enclosed. See annual report form for first information ing

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## **TELECOMMUNICATIONS COMPANIES**

RECEIVED

### **ANNUAL REPORT**

JUL 31 2006

WASH. UT. & TP. COMM

Syniverse Technologies, Inc. 8125 Highwoods Palm Way, Suite 600 Tampa, FL 33647 JUL 3 B 2006

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Full name and address of Company

Correct name and address, if different than shown

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2005

SECTION 1						
NQUIRIES CONCERNING THIS ANNUAL REPOR	T SHOULD BE ADDRESSE	D TO:				
NAME: David Rohinson			– Public Policy			
ADDRESS: 8125 Highwoods Palm Way, Suite 600						
CITY: Tampa	_ STATE:FL	ZIP:	33647			
TELEPHONE: <u>813.637.5940</u>	FAX: 813.637.51	10 <u>E-MAIL</u>	: david.robinson@syniverse.com			
The company must notify the Commission, in writing, of any changes to the above information.						
The company macracing						
SECTION 2						
TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAI	-	1	or Commission Use Only			
		Credit Card Authorization #: 164112				
Check Money Order X AMEX Visa	MasterCard					
Expiration Date			Month/Year			
Credit Card Number:						
			and correct that I am authorized to execute			
CERTIFICATION: I, the undersigned, under penalty for fal- on behalf of the applicant, and that I agree to pay the above	se statement, certify that the info e total amount according to card	issuer agreement.	and sorrost, that the same			
			Plate Police			
Name (Printed) DAVID J. KOWIN	<del>5</del> 6V/	Title MANA	er- robite rolley			
Name (Printed DAVID J. ROBINS Signature DAVID J. ROBINS		Date	er-Public Policy 7-2006			
Signature War						
	For Commission Use On	У				
Reception Number:001-111-02-	60 170 11:	Reference	Number:			
001-111-02-68-170-01:	001-111-02-68-032-05:_					

	SECTION 3						
1.	Provide the following supplemental documents with this annual report:						
	Income statement						
	Balance sheet						
	Additional information if required under WAC 480-120-304 (e) (i), (ii), (iii)						
2	Washington Unified Business Identifier (UBI) No.: 60 390 373  (If you do not know your UBI Number, please contact the Department of Licensing at (360)664-1400)						
3.	Does your company provide operator services (automated or live assistance to customers in completing or billing a telephone call) at a call aggregator location, such as at a pay phone?						
4.	<ul> <li>Does your company provide local exchange services in Washington?  Yes No</li> <li>If no, proceed to Section 4.</li> <li>If yes, the following instructions apply: <ul> <li>a. If your company filed Form 477 (federal filing deadline of March 1, 2006) with the Federal Communications Commission for its Washington operations, proceed to Section 4. The WUTC will obtain a copy of the company's Form 477 directly from the FCC.</li> <li>b. If the company did not file FCC Form 477 for its Washington operations, complete the following: <ul> <li>(a)</li> </ul> </li> </ul></li></ul>						
	Washington State Data as of December 31, 2005  Washington State Data as of December 31, 2005  ■ Additional Control of the English of the Eng	e e					
	Total lines and channels you provided to end users.						
	Voice telephone service provided to other communications carriers, categorized by:						
	Lines and channels that you provided under a Total Service  Resale arrangement.						
	3. Lines and channels you provided under other resale arrangements, such as resold Centrex.						

SECTION 4					
CERTIFICATION					
I certify that I, DAVID J. ROWNSON, the responsible account officer for, have examined the foregoing report; that, to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive.  Name (Printed)	n				