



July 5, 2011
Via E-file

Rosemary Chiavetta, Commission Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, 3rd Floor
Harrisburg, PA 17020

Re: Address Change for WiMacTel, Inc., Docket No. A-2011-2243140

Dear Ms Chiavetta:

Enclosed for filing please find the corrected application pages submitted on behalf of WiMacTel, Inc. The purpose of this filing is to update the Company's address originally filed in their application to offer Facilities-Based and Resold Competitive Local Exchange and Resold Interexchange telecommunications services within the Commonwealth of Pennsylvania. There is no change to the Company's telephone number or fax number.

The Address change is as follows:

From: WiMacTel, Inc.
1882 Porter Lake Drive, Suite 101
Sarasota, FL 34240

To: WiMacTel, Inc.
2225 East Bayshore Road, Suite 200
Palo Alto, CA 94303

Questions regarding this letter may be directed to my attention at (407) 740-3001 or via email at tforte@tminc.com.

Sincerely,

Thomas M. Forte
Consultant to WiMacTel, Inc.

cc: Service List
G. Joseph - (via E-Mail)
file: WiMacTel - PA Local
tms: PAX1100f

Application of:

WiMacTel, Inc., t/a _____,

for approval to offer, render, furnish or supply telecommunications services to the public in the Commonwealth of Pennsylvania.

1. **IDENTITY OF THE APPLICANT:** The name, address, telephone number, and fax number of the Applicant.

WiMacTel, Inc.
2225 East Bayshore Road, Suite 200
Palo Alto, CA 94303
Telephone: 888-476-0881
Facsimile: 403-398-0714
Email: james.mackenzie@quortechequities.com

Please identify any predecessors of the Applicant and provide other names under which the Applicant has operated within the preceding five years, including name, address, and telephone number.

Telephone:
Facsimile:
Email:

2. **ATTORNEY:** The name, address, telephone number, and fax number of the Applicant's attorney.

Marla H. Norton
BAYARD
222 Delaware Ave, Suite 900, Wilmington, DE 19801
Telephone: (302) 429 - 4214
Facsimile: (302) 658 - 6395
Email: mnorton@bayardlaw.com

3. CONTACTS:

- A) APPLICATION:** The name, title, address, telephone number, and fax number of the person to whom questions about this application should be addressed.

James MacKenzie, President, Chief Executive Officer and Secretary
2225 East Bayshore Road, Suite 200
Palo Alto, CA 94303
Telephone: 888-476-0881
Facsimile: 403-398-0714
Email: james.mackenzie@quortechequities.com

- B) PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY (PEMA):** The name, title, address, telephone number and FAX number of the person with whom contact should be made by PEMA.

James MacKenzie, President, Chief Executive Officer and Secretary
2225 East Bayshore Road, Suite 200
Palo Alto, CA 94303
Telephone: 888-476-0881
Facsimile: 403-398-0714
Email: james.mackenzie@quortechequities.com

- C) RESOLVING COMPLAINTS:** Name, address, telephone number, and FAX number of the person and an alternate person responsible for addressing customer complaints. These persons will ordinarily be the initial point(s) of contact for resolving complaints and queries filed with the Public Utility Commission or other agencies.

James MacKenzie, President, Chief Executive Officer and Secretary
2225 East Bayshore Road, Suite 200
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Email: james.mackenzie@quortechequities.com

4. FICTITIOUS NAME:

- The Applicant will not be using a fictitious name.
- The Applicant will be using a fictitious name. Attach to the Application a copy of the Applicant's filing with the Commonwealth's Department of State pursuant to 54 Pa. C.S. §311, Form PA-953.

5. BUSINESS ENTITY AND DEPARTMENT OF STATE FILINGS:

- The Applicant is a sole proprietor.
 - The Applicant is a:
 - General partnership
 - Domestic limited partnership (15 Pa. C.S. §8511)
 - *Foreign limited partnership (15 Pa. C.S. §8582)
 - Domestic registered limited liability partnership (15 Pa. C.S. §8201)
 - *Foreign registered limited liability general partnership (15 Pa. C.S. §8211)
- * Provide name and address of Corporate Registered Office Provider or Registered Office within PA.

Attach to the application the name and address of partners. If any partner is not an individual, identify the business nature of the partner entity and identify its partners or officers.

Attach to the application proof of compliance with appropriate Department of State filing requirements as indicated above.

- The Applicant is a:
 - Domestic corporation (15 Pa. C.S. §1306)
 - *Foreign corporation (15 Pa. C.S. §4124)
 - Domestic limited liability company (15 Pa. C.S. §8913)
 - *Foreign limited liability company (15 Pa. C.S. §8981)
- * Provide name and address of Corporate Registered Office Provider or Registered Office within PA.

Attach to the application proof of compliance with appropriate Department of State filing requirements as indicated above. Additionally, provide a copy of the Applicant's Articles of Incorporation or a Certificate of Organization.

The Applicant is incorporated in the State of Delaware.

Give name and address of officers:

Name:	Address:
James MacKenzie	2225 East Bayshore Road, Suite 200, Palo Alto, CA 94303
John Wilson	Same as above
Alvaro Quiros	Same as above