

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90041 003 \*\*\*150.00

**DOCUMENT # F03000003013**

1. Entity Name  
**REGUS INTERNATIONAL SERVICES S.A.**



Principal Place of Business Mailing Address  
**1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR 1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR**  
**SUNRISE, FL 33323 SUNRISE, FL 33323**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03022004 Chg-P CR2E034 (10/03)

4. FEI Number **98-0399585** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE GREFF, CURTIS A**  
**5201 BLUE LAGOON DRIVE PENTHOUSE**  
**MIAMI, FL 33126**

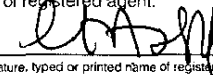
7. Name and Address of New Registered Agent

Name **DE GREFF, CURTIS A**

Street Address (P.O. Box Number is Not Acceptable)  
**1560 Sawgrass Corporate Pkwy**  
**4th Floor**

City **Sunrise** FL Zip Code **33323**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Curtis A. De Greff** DATE **3/9/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DIXON, MARK LESLIE J WHITE LADIES, PORTNALL DRIVE, VIRGINIA WAT SURREY GU25 2NR, ENGLAND.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC LOBO, RUDOLF JOHN G HIGH TIMBERS, SHEERWATER AVENUE, WOODHAM SURREY KT15 3DS, ENGLAND.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DE GREFF, CURTIS AMALVY 7100 SW 114 TERRACE PINECREST, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHR, EMILIO GASTON T CALLE JUNCAL 1305, PISO 13. MONTEVIDEO URUGUAY,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALANNE, DANIEL JOSE M CALLE JUNCAL 1305, PISO 13. MONTEVIDEO URUGUAY,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Curtis A De Greff, Vice Pres.** DATE **3/9/04** DAYTIME PHONE # **954-331-4583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #