2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003295

Entity Name: TERASEN UTILITY SERVICES(U.S.) INC.

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	FERSON ST EE, WI 53202	REET STE 300 2			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	FERSON ST EE, WI 53202	REET STE 300 2			
FEI Number	: 98-0413291	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
515 E. PAI		E RESEARCH, LTD. 301 US			
	named entity of Florida.	submits this statement for the po	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REID, JOHN 1111 WEST G) Delete EORGIA STREET STE 2400 BC V6E 4M4 CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BAREFOOT, G 1111 WEST G) Delete GORDON EORGIA STREET STE 2400 BC V6E 4M4 CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HODSON, BRI 1111 WEST G) Delete ETT EORGIA STREET STE 2400 BC V6E 4M4 CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JORDAN, MIC	RSON STREET STE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NELSON, DEE 1111 WEST G) Delete BRA G EORGIA STREET STE 2400 BC V6E 4M4 CANADA,	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA G. NELSON S 04/06/2006