


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000155 (9)**

1. Corporation Name  
**TRILLIUM USA INC.**



Principal Place of Business <b>699 EAST SOUTH TEMPLE, SUITE 300 SALT LAKE CITY UT 84102</b>	Mailing Address <b>699 EAST SOUTH TEMPLE, SUITE 300 SALT LAKE CITY UT 84102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/05/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>87-0525101</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGSMA, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>50 KEIL DRIVE NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATHAM, ONTARIO N7M 5M1</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAIDLAW, GEORGE</b>	2.2 NAME	
STREET ADDRESS	<b>200 YOCKLAND BLVD</b>	2.3 STREET ADDRESS	<b>200 Yorkland Blvd.</b>
CITY-ST-ZIP	<b>N YORK ON</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, OTTO</b>	3.2 NAME	
STREET ADDRESS	<b>200 YORKLAND BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N YORK ON</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERVILL, R. PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>50 KEIL DRIVE NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATHAM, ONTARIO N7M 5M1</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALES, GEOFF</b>	5.2 NAME	
STREET ADDRESS	<b>699 E S TEMPLE STE 300</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sandra B. Mortham** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

801-531-1166

Date Daytime Phone # 0518825

CR2E034 (10/97)