

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90196 028 ***150.00

DOCUMENT # F97000001483

1. Corporation Name

TELESTRUCTURES, INC.

Principal Place of Business

1040 CROWN POINTE PKWY., #800
ATLANTA GA 30338

Mailing Address

1040 CROWN POINTE PKWY., #800
ATLANTA GA 30338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

58-2074788

Applied For

No: Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4010 McGinnis Ferry Rd.

2a. Mailing Address

26 4010 McGinnis Ferry Rd.

Suite, Apt. #, etc.

22 Alpharetta, GA

Suite, Apt. #, etc.

27 Alpharetta, GA

City & State

23 30005

City & State

28 30005

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PDC	JONES, CHUCK	1040 CROWN POINTE PKWY., #800 ATLANTA GA 30338		<input type="checkbox"/>
VDC	NEUROHR, BRUCE W	1040 CROWN POINTE PKWY., #800 ATLANTA GA 30338		<input checked="" type="checkbox"/>
V	PUGH, TERREL	1040 CROWN POINTE PKWY., #800 ATLANTA GA 30338		<input type="checkbox"/>
S	GLASS-BROUSSARD, KATHY	510 BERING DRIVE SUITE 500 HOUSTON TX 77057		<input type="checkbox"/>
D	MILLER, TED	510 BERING DRIVE, SUITE 500 HOUSTON FL 77057		<input type="checkbox"/>
D	GWYN, JOHN	510 BERING DRIVE, SUITE 500 HOUSTON TX		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
		4010 McGinnis Ferry Rd. Alpharetta, GA 30005		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
		4010 McGinnis Ferry Rd. Alpharetta, GA 30005		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

713 570 3070

Daytime Phone #

CR2E034 (11/98)