

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

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

04-27-1999 90196 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

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: 4010 McGinnis Ferry Rd., Alpharetta, GA 30005  
 2a. Mailing Address: 4010 McGinnis Ferry Rd., Alpharetta, GA 30005

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, 85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDC	JONES, CHUCK	1.1 TITLE:	
STREET ADDRESS: 1040 CROWN POINTE PKWY., #800	ATLANTA GA 30338	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	4010 McGinnis Ferry Rd.
		1.4 CITY-ST-ZIP:	Alpharetta, GA 30005
TITLE: VDC	NEUROHR, BRUCE W	2.1 TITLE:	
STREET ADDRESS: 1040 CROWN POINTE PKWY., #800	ATLANTA GA 30338	2.2 NAME:	
CITY-ST-ZIP:		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: V	PUGH, TERREL	3.1 TITLE:	
STREET ADDRESS: 1040 CROWN POINTE PKWY., #800	ATLANTA GA 30338	3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	4010 McGinnis Ferry Rd.
		3.4 CITY-ST-ZIP:	Alpharetta, GA 30005
TITLE: S	GLASS-BROUSSARD, KATHY	4.1 TITLE:	
STREET ADDRESS: 510 BERING DRIVE SUITE 500	HOUSTON TX 77057	4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	MILLER, TED	5.1 TITLE:	
STREET ADDRESS: 510 BERING DRIVE, SUITE 500	HOUSTON FL 77057	5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: D	GWYN, JOHN	6.1 TITLE:	
STREET ADDRESS: 510 BERING DRIVE, SUITE 500	HOUSTON TX	6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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)(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: \_\_\_\_\_ DATE: 4/26/99 TIME: 7:35:30  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)