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FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P37551 (9)  
1. Corporation Name  
TRANSCANADA GAS SERVICES INC.



Principal Place of Business Mailing Address  
MALISON T. LOVE TRANSCANADA PIPELINES LTD  
111 5TH AVE. SW. CALGARY, ALBERTA T2P 3Y6  
CANADA MALISON T. LOVE TRANSCANADA PIPELINES LTD  
111 5TH AVE. SW. CALGARY, ALBERTA T2P 3Y6  
CANADA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/14/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		52-1497521	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	COUPER, GAVIN J	1.2 NAME	SPACKMAN, G.L.
STREET ADDRESS	908 RIVERDALE AVE SW	1.3 STREET ADDRESS	1608 - 96th AVENUE S.W.
CITY-ST-ZIP	CALGARY, ALBERTA CAN	1.4 CITY-ST-ZIP	CALGARY, ALBERTA T2V 5E5
TITLE	DV	2.1 TITLE	D
NAME	HODGINS, ROBERT B	2.2 NAME	LETWIN, S.J.J.
STREET ADDRESS	P O BOX 49, SITE 22, RR 12	2.3 STREET ADDRESS	2015 SEVEN MAPLE DRIVE
CITY-ST-ZIP	CALGARY ALBERTA CA	2.4 CITY-ST-ZIP	KINGWOOD, TEXAS 77345
TITLE	D	3.1 TITLE	
NAME	YOUNG, ROBERT A	3.2 NAME	
STREET ADDRESS	3319 LASSITER COURT S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY ALBERTA CA	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	
NAME	BROWN, EDWARD	4.2 NAME	
STREET ADDRESS	116 PARKVIEW GREEN S.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA CAN	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	LOVE, ALISON T.	5.2 NAME	
STREET ADDRESS	1327 FRONTENAC AVE SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA CAN	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	PENROSE, G.G.	6.2 NAME	
STREET ADDRESS	4216 BRITANNIA DR. SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA CAN	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.

SIGNATURE: *Alison T. Love* April 13, 1998 (403) 267-8514

CR2E034 (10/97)