

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90033 037 \*\*\*150.00

DOCUMENT # P98000005169

1. Corporation Name

TELUS COMMUNICATIONS, INC.

TREADSTONE U.S.A., Inc

Principal Place of Business

4360 NORTHLAKE BLVD., SUITE 205  
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD., SUITE 205  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

65-0818067

Applied For

Not 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 9184 Rutledge Ave

2a. Mailing Address

26 9184 Rutledge Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boca Raton

Zip Country

24 33434 25

27 City & State

28 Boca Raton

Zip Country

29 33434 30

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFKY, E.A., P.A.  
4360 NORTHLAKE BLVD., SUITE 205  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83 9184 Rutledge Ave

84 City

Boca Raton

FL

85 Zip Code

33434

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

3-3-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME REMPEL, EARL  
STREET ADDRESS 4360 NORTHLAKE BLVD., SUITE 205  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D.  
1.2 NAME Michael Armoogam  
1.3 STREET ADDRESS 9184 Rutledge Ave  
1.4 CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE S.D.  
2.2 NAME Grey Linsne  
2.3 STREET ADDRESS 9184 Rutledge Ave  
2.4 CITY-ST-ZIP Boca Raton, FL 33434

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99 (561) 479-2462

Date

Daytime Phone #

CR2E034 (11/98)