


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

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P26221</b> (2) 1. Corporation Name <b>TETKO INC.</b>			
Principal Place of Business <b>333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US</b>		Mailing Address <b>333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510-2035 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD	MULLER, HANS P.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
333 S. HIGHLAND AVE.	333 S. HIGHLAND AVE.	1.2 NAME	
BRIARCLIFF MANOR NY	BRIARCLIFF MANOR NY	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
PD	LOHAUS, PETER E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
333 S. HIGHLAND AVE.	333 S. HIGHLAND AVE.	2.2 NAME	
BRIARCLIFF MANOR NY	BRIARCLIFF MANOR NY	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
VS	CALLAGHAN, PATRICK J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
333 S. HIGHLAND AVE.	333 S. HIGHLAND AVE.	3.2 NAME	
BRIARCLIFF MANOR NY	BRIARCLIFF MANOR NY	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
D	BROWN, GARY W.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
333 S. HIGHLAND AVE.	333 S. HIGHLAND AVE.	4.2 NAME	
BRIARCLIFF MANOR NY	BRIARCLIFF MANOR NY	4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
V	WAIT, CHARLES	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
333 S. HIGHLAND AVE.	333 S. HIGHLAND AVE.	5.2 NAME	
BRIARCLIFF MANOR NY	BRIARCLIFF MANOR NY	5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
T	ANTES, RICHARD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
333 S. HIGHLAND AVE.	333 S. HIGHLAND AVE.	6.2 NAME	
BRIARCLIFF MANOR NY	BRIARCLIFF MANOR NY	6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	
14. I do 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: _____ DATE: 1/20/97 DAYTIME PHONE: 914-941-7767			

CR2E034 (9/96)