


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90025 018 \*\*\*150.00

DOCUMENT # F07000001608					
1. Entity Name TTI, INC. (DELAWARE)					
Principal Place of Business 2441 NORTHEAST PARKWAY FORT WORTH, TX 76106			Mailing Address 2441 NORTHEAST PARKWAY FORT WORTH, TX 76106		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8234316	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KYPREOS, NICK M		NAME		
STREET ADDRESS	2441 NORTHEAST PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76106		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KYPREOS, NICK M		NAME		
STREET ADDRESS	2441 NORTHEAST PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76106		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMBURG, MARC D		NAME		
STREET ADDRESS	1440 KIEWIT PLAZA		STREET ADDRESS		
CITY-ST-ZIP	OMAHA, NE 68131		CITY-ST-ZIP		
TITLE	CFOT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	CCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, PAUL E JR		NAME		
STREET ADDRESS	2441 NORTHEAST PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76106		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTON, MICHAEL W		NAME		
STREET ADDRESS	2441 NORTHEAST PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH, TX 76106		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nick M. Kypreos</i>			Nick M. Kypreos		817-740-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40076803



04152008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8234316

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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SIGNATURE: *Nick M. Kypreos* Nick M. Kypreos 817-740-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #